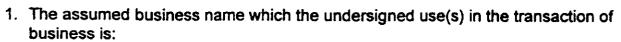
## CERTIFICATE OF ASSUMED BUSINESS NAME

APR 20 3 34 PM 98

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.



The true name(s) and husiness address(es) of the entity or individual(a) doing

2.	The true name(s) and business address(es) of the entity or individual(s) doing
	business under the assumed business name is/are:

, <u>Name</u>	<u>Address</u>
GARY L. HUNEMILLER	Address P.O. Box 480 CASCADE ID 33611
RON WURTZ	PO. BOX 967 MERDIAN TO 83180
	,

3. The general type of business transacted under the assumed business name is:

WHOLESALE	TRADE		
See categories on the reverse			

4. The name and address to which correspondence should be addressed:

BLOW MOUNTAIN VOLLEY NICTOIR TING

 	CASCADE	<del></del>		
			,	
	Signed	sory	1. Zam	-lla_
	By			

Capacity PARTNER

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer#

34/26/1998 69:08 X: 1367 CT: 97566 BH: 102925

1 8 28.88 = 28.88 ASSUM MARE

D14185