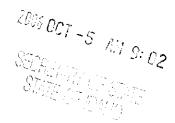


CERTIFICATE OF ASSUMED BUSINESS NAME



	Pursuant to Section 53-504, Idaho Code, the unc submits for filing a certificate of Assumed Busines	
N	Please type or print legibly. OTE: See instructions on reverse before fili	ng.
	assumed business name which the undersigness is: ton Valley top to bottom	
busir	true name(s) and business address(es) of the ness under the assumed business name: Name ODER Mauntain Press, LLC Po (W 45852)	Complete Address
3. The	general type of business transacted under th	he assumed business name is:
	Retail Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
corre Pau P	name and address to which future espondence should be addressed: ODER Mountain TRES, LLC OBOX 1167 RIGGS, TD 83422	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Nar	ne and address for this acknowledgment y is (if other than #4 above):	Phone number (optional): 208-354-3466
		Secretary of State use only
Signature:	(signature required)	IDAHO SECRETARY OF STATE

CK: 2354 CT: 86770 BH: 978824 1 8 25.00 = 25.00 ASSUN NAME # 3

Capacity/Title: PRESIDENT (see instruction # 8 on back of form)