Capacity: <u>President</u>

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSU (Please type or print legibly.	MED BUS	SINESS NAME as on reverse.)
	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, ld gives notice of adoption of an A	aho Code, the Assumed Busin	undersigned AM 8: 48 less NameETARY OF STATE
1.	The assumed business name which the usual business is:	indersigned use	e(s) in the transactive D
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
,	Guidmark, Inc.	26/2 Bo Boise,	Af 83 702
3.	The general type of business transacted (mark only those that apply) Retail Trade	ing 🗌 Tra	insportation and Public Utilities ance, Insurance, and Real Estat
The name and address to which future Phone number (optional correspondence should be addressed:			Γ (optional):
	MM		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgm copy is (if other than # 4 above):	ent	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		1/98	Secretary of State use only IDANO SECRETARY OF STATE
Signat	sure: Mark flow kn	Revision 1/88	09/17/1998 09:00 CK: 3554 CT: 184112 BH: 145948 1 8 28.88 = 28.88 ASSUM NAME # 2
Printed	d Name: Mark a. araki	9894	7 18310

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