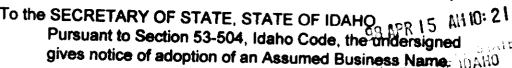
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





The assumed business name which the business is:  Fun Unlimited	e undersigned use(s) in the transaction of
2. The true name(s) and business address business under the assumed business in Name  Fun Unlimited	s(es) of the entity or individual(s) doing name is/are: <u>Complete Address</u> 2300 E. 17th Street Tauko Falls, to
3. The general type of business transacted (mark only those that apply)    Retail Trade	uring Transportation and Public Utilities  Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:  Steve Tompkins  605 5. Maurine Dr.  Idaho Falls, Td. 8340/	Phone number (optional): 529-2569  Submit Certificate of
<ol> <li>Name and address for this acknowledgm copy is (if other than # 4 above);</li> </ol>	700 West Jefferson Basement West PO Box 83720
Same	Boise ID 83720-0080 208 334-2301

Sign Printed Name: Steve L. Tompkins

Capacity: Owner

(see instruction # 8 on back of form)

DHOIS