CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)			
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 AName. STATE			
1.	The assumed business name which the ubusiness is:	Indersign	ned use(s) in the transaction of
	FIRST CLASS (	Coupe	ONS
2.	<ol><li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li></ol>		
	Name Elaine Richman	564 F.	Complete Address  400 S. Bucley TD 83318
	Monte Richman	<u>Sa</u> ,	me as above
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional): 208 254 9284 correspondence should be addressed:		
	FIRST CLASS COUPONS		Submit Certificate of
	322 Fast Main St. # 126		Assumed Business Name and <b>\$20.00</b> fee to:
	Burley ID 83318		Secretary of State
5.	Name and address for this acknowledgme	nt	700 West Jefferson Basement West
	COPY is (if other than # 4 above):		PO Box 83720 Boise ID 83720-0080 208 334-2301
		3	Secretary of State use only IDAHO SECRETARY OF STATE
	Maria Port	Revision 2/97	12/10/1997 09:00 CK: 864 CT: 98919 BH: 62312
Signature. (Supple) (Signature)			1 @ 20.80 = 20.00 ASSUM NAME
Capacity: Seneral Partner			
Capaci	y: <u>  Seneral Formur</u> (see instruction # 8 on back of form)	g:\corpitorms\abn.p65	