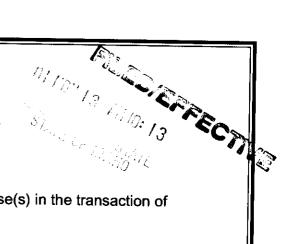


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The assumed business name which the undoposition business is: On Ice Marketing	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name: Name Robert T. Burns Melanie K. Burns	of the entity or individual(s) doing Complete Address 7072 S. Eisenman Road Boise, Idaho 83716
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 3367 Glen Falls Baise, Idaho 83706	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional): Secretary of State use only
Signature: About Boxes Printed Name: Robert T. Boxes Capacity: President (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 1 / 1 3 / 2001 05 = 00 CK: 1148 CT: 153473 BH: 429179 1 0 20.00 = 20.00 ASSUM NAME # 2

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