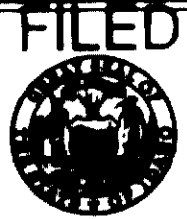


CERTIFICATE OF ASSUMED BUSINESS NAME

(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 Name.

88 MAR 30 AM 10:52

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Cottage Expressions Old Towne Mall

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
JTS, Inc.	1031 E. First Street
	Meridian, ID 83642

3. The general type of business transacted under the assumed business name is: (mark only those that apply)

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Agriculture
- Construction
- Transportation and Public Utilities
- Finance, Insurance, and Real Estate
- Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

Tami Shoemaker
1664 S. Sportsman Way
Meridian, ID 83642

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Idaho Banking Company
6010 Fairview Avenue
Boise, ID 83704

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

Signature: Tami Shoemaker

Printed Name: Tami Shoemaker

Capacity: President

(see instruction # 8 on back of form)

Revision 2/87

g:\comp\form\abn.pdf

Secretary of State use only

IDAHO SECRETARY OF STATE

03/30/1998 09:00
CK: 721 CT: 89078 BH: 95769

1 @ 20.00 = 20.00 ASSUM NAME

D13501