CERTIFICATE OF ASSUMED BUSINESS NAME

	the SECRETARY OF STATE, ST Pursuant to Section 53-504, k option of an Assumed Business N	laho Code, the undersigned gives notice of
1.	business is:	ch the undersigned use(s) in the transaction of
2.	The true name(s) and business a business under the assumed bus	ddress(es) of the entity or individual(s) doing iness name is/are: Address
	IVALIFO	
	DALE MEEKS	935N 13 E MTN Home 30
		83647
3.	The general type of business transcript TRAINS See categories on the reverse	sacted under the assumed business name is:
4.	The name and address to which	correspondence should be addressed:
		HOME, ID 83647
	•	Signed Dollar Mede
		BY DALE F MEGKS
		Capacity OWNER + PRESIDENT
	Submit Certificate of Assumed Business Name and \$20.00 fee t	Customer #
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080	11.00 SECRETARY OF STATE 28/12/1997 89:00 CK: 3002 CT: 65763 BH: 29172 1 8 20.00 - 20.00 ASSUM NAME 20.00