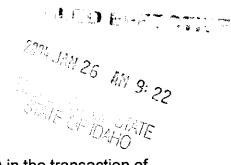


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.
See instructions on reverse before filing.

(see instruction # 8 on back of form)



NOTE: See instructions on reverse below	<u>re ming.</u>	OF DATIONE
The assumed business name which the und business is:	dersigned	use(s) in the transaction of
JOLYNNE'S	Upho	Istery
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Jolynne Olsen	ide:	Complete Address 56005. FrankLin 5d 93037 ssumed business name is:
		Secretary of State use only
	abn.p65	D72502
Signature: John Oben (signature required)	corp'forms'abn forms'abn p65 Revised 04/2003	IDAHO SECRETARY OF STATE
Printed Name: Jolynne Olsen	forms\abn form	01/27/2004 05:00 CK: 1565 CT: 158010 BH: 723934 1 8 25.00 = 25.00 ASSUM MANE # 2
Capacity/Title: owner	Noorp	4 6 665 66