CERTIE	CATE OF ASSU	MED BUSINESS NAME
	or the second of the second	
Pursuant to	RY OF STATE, STATE OF Section 53-504, Idaho Co sumed Business Name.	de, the undersigned gives notice of
business is:	** <u>*</u>	undersigned use(s) in the transaction of:
2. The true name business unde	(s) and business address(r the assumed business n	es) of the entity or individual(s) doing ame is/are:
Home: Rick L.	Name	Address 500 Horizon Ct. ACCOUR DRIGGE TOMAG. 83814
heiness: Rick L.	Eglect	P.O. Box 326 HAYDEN LANE ID. 83835
3. The general ty	pe of business transacted	under the assumed business name is:
CONST	ruction	
See categories	on the reverse	
4. The name and Rick L. #	address to which corresp	bondence should be addressed:
	Signed	Talo
By Rick L. Egbert		
	Capac	ity Owner
Business Nat Secretary of		Customer # IBANO SECRETARY OF STATE 87/17/1997 R9 = PAR 11 143 CT; AAS9 R1 22122 Secretary of State und Conf. 1 9 28.00 = 28.00 ASSUM NAME
700 West Jef PO Box 8372 Boise ID 837	20	D6436