CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on payerse) EFFECTIVE

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned

	gives notice of adoption of an Ass		
1.	The assumed business name which the und business is: MARK English	_	CONTACTO OUT IN ALIO
2.	The true name(s) and business address(es) business under the assumed business name Name	e is/are:	or individual(s) doing plete Address Solver Falls 83854
3.	The general type of business transacted und (mark only those that apply)	der the assur	ned business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		nsportation and Public Utilities ance, Insurance, and Real Estate ing
	The name and address to which future Processor of the correspondence should be addressed: 1520	none number	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
		12/99	Secretary of State use only
Signatı	ure:	Revision 12/99	IDAHO SECRETARY OF STATE
Printed	Name: MARK EKgliSH	n.p65	05/24/2002 05:00 CK: 2989785958 CT: 158818 BH: 467696
Capacity: (see instruction # 8 on back of form)			1 9 20.00 = 20.00 ASSUM NAME # 2
	(see instruction # 8 on back of form)	эколу	D 55215