CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
Pursuant to Section 53-504, Idaho Code, the undersigned IC: 31 gives notice of adoption of an Assumed Business Name of STATE	
1. The assumed business name which the undersigned use(s) in the transaction of business is:	
The true name(s) and business address(abusiness under the assumed business name Name	
KAREN L. GuIND	P.O. Box 876, MIST = for FO 83644
3. The general type of business transacted under the assumed business name is (mark only those that apply)	
☐ Retail Trade ☐ Manufacturi ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208 / 585-3923
P.O. Box 876	Submit Gertificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above):	700 West Jefferson
	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: Seen Suin	11/27/1998 @9:00 CK: 1873 CT: 187388 BH: 165484
Printed Name: KAREN L. Guinn	1 9 29.88 = 28.88 ASSUM NAME # 2 \$ 20344
Canacity: 5./ - 1 1 - 2	q q q

(see instruction #8 on back of form)