CERTIFICATE OF ASSUMED BUSINESS NAM (Please type or print legibly. See instructions on reverse.)	FILE
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. SECRETARY OF STATE STATE OF IDAHO	
The assumed business name which the undersigned use(s) in the business is: TS Capital Resources	e transaction of
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Saundra Johnson 291 5w 7th Av	
Terry Johnson 291 Sw 74h Ave	Mendian Ta 8364
The general type of business transacted under the assumed busi (mark only those that apply)	ness name is:
	on and Public Utilities urance, and Real Estate.
The name and address to which future Phone number (optional): correspondence should be addressed:	
201 S.W. 74h Ave. Assume	Certificate of de Business and \$20.00 fee to:
Meridian Idaho 83642 Secretar	ry of State
5. Name and address for this acknowledgment Copy is (if other than # 4 above): Baseme PO Box	83720 83720-0080
Secretal	ry of State use only
IDANO SE	CRETARY OF STATE

Printed Name: Saundra Johnson

Capacity: apporal partner

(see instruction # 8 on back of form)

07/07/1999 09:00 CK: 3244 CT: 117701 8H: 231984

D27354