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

	Pursuant to Section 53-504, Idaho Code, the gives notice of adoption of an Assumed Busi	undersigned 4/9
1.	The assumed business name which the undersigned us business is:	e(s) in the transaction
2.	The true name(s) and business address(es) of the entity business under the assumed business name is/are:  Name  Cor	**************************************
3.	The general type of business transacted under the assume (mark only those that apply)	med business name is:
	!V  14#   -	insportation and Public Utilities ance, Insurance, and Real Estate iing
	The name and address to which future Phone number (optional): correspondence should be addressed:	
	P.O. Box 851  Blackfoot, ID 83221	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
	Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	sion 12/99	Secretary of State use only  IDAHO SECRETARY OF STATE

Signature: Which W. Lundner

Printed Name: Michael W. Gardner

Capacity: CEO

(see instruction # 8 on back of form)

02/27/2001 09:00 CK: 3156 CT: 142627 BH: 361559

1 8 28.80 = 20.88 ASSUM NAME # 2

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