CERTIFICATE OF ASSUMED BUSINESS N

(Please type or print legibly. See instructions on reverse.)

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.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

CREDIT SYSTEMS

4 .	the true hame(s) and business address(es) of the entity of individual(s) doing			
	business under the assumed business name is/are:			
	Nama .	Complete Address		

	EUGENE SOLIS 1			Complete Address 1748 SKYLANE DRIVE		
			<u> </u>	FAILS IDAHO 83301		
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)					
	Retail Trade Wholesale Trade Services	Manufacturi Agriculture Construction		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining		
4	The name and address	s to which future	Phone nu	imber (optional): 208-732-8377		

correspondence should be addressed:

EUGENE SOLIS

1748 SKYLANE DRIVE

TWIN FALLS IDAHO 83301

5. Name and address for this acknowledgment CODY IS (if other than # 4 above).

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

Secretary of State use only

IDAHO SECRETARY OF STATE

03/22/2000 09:00 CK: 1987 CT: 128696 BH: 381477

1 # 20.00 = 20.00 ASSUM HAME # 2

34227

Signature: Eugene Solis

Printed Name: EUGENE SOLIS

Capacity: SOLE PROPRIATOR