Capacity: OWNER

(see instruction # 8 on back of form)

	CERTIFICATE OF ASSUMED BUSINESS
\parallel	(Please type or print legibly)
	CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) 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.
	The assumed business name which the undersigned use(s) in the transaction of business is:
	Magic Valley Bail Bonds (12-15-97)
	 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:
	Magic Valley Bail Bonds P.O. Box 325 Ball Ida. 83316
	GENE MONTGOMERY
	3. The general type of business transacted under the assumed business name is:
	Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining
	4. The name and address to which future correspondence should be addressed:
	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5	Name and address for this acknowledgment Secretary of State 700 West Jefferson Basement West
	CODY IS (if other than # 4 above): Boise ID 83720-0080 10400 SERETARY OF STATE 208 334-2301
	CK: 1032 CT: 91385 BH: 65326
	Sqc@capprop offishin want
Signat	010091
Printed	Name Five Montagines Sp. 18