

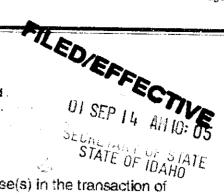
CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



The assumed business name which the un business is:	dersigned use(s) in the transaction of
" MOONRISE VENT	ures"
The true name(s) and <u>business</u> address(es) business under the assumed business name Name	<u>Complete Address</u>
	BOX 1024 HAILEY ID 83333] BOX 210 HAILEY ID 8333 3
3. The general type of business transacted un	
Hetail Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: HORNICS FVENTURES P.O. BOX 1024 HALLEY TD, \$3333 5. Name and address for this acknowledgment copy is (fother 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 Phone number (optional): (208) 788-2628
	Secretary of State use only
Signaturo: June	Reviece 01/2001
Printed Name: TAMES REEN	YomsWath forms Reviec 01/2001
Capacity: PADTUEN	13.44 14.44

IDAHO SECRETARY OF STATE
19/14/2001 05:00
CK: #1 CT: 151288 BH: 419154
1 0 20.00 = 20.00 ASSUM NAME # 2

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