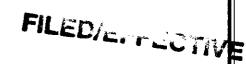


Capacity/Title: OWNER

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME



IDAHO SECRETARY OF STATE

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.

nplete Address RUARINS COURT J.D. 8365/ ed business name is: lities ubmit Certificate of ssumed Business
lities ubmit Certificate of
ame and \$20.00 fee to:
ecretary of State 00 West Jefferson asement West 00 Box 83720 0ise ID 83720-0080 08 334-2301
one number (optional):
Secretary of State use only
2