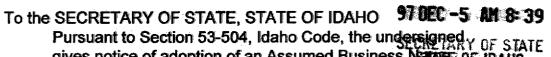
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





	gives notice of adoption of an Assumed	d Business National OF STATE
1.	The assumed business name which the urbusiness is:	ndersigned use(s) in the transaction of
	The Local Bookies	ILED
2.	The true name(s) and business address(ex business under the assumed business name Name	
	Roxanne Martin	P. O. Box 774, Ketchum, ID. 83340
3.	The general type of business transacted unique (mark only those that apply)	nder the assumed business name is:
	□ Retail Trade       □ Manufacturing         □ Wholesale Trade       □ Agriculture         ★x Services       □ Construction	Finance, Insurance, and Real Estate
4.	correspondence should be addressed:	Phone number (optional):
	P. O. Box 774, Ketchum, ID. 833	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Int Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	10AHO SECRETARY UF STATE 12/08/1997 09:00	IDANU SECRETARY OF STATE USE OPLY  12/08/1997 09:00
Signat	ure: Name 14/9/01 59/09 ASSUM NAME	12/08/1997 09:00 CK: 1162 CT: 88818 BH: 61326 1 8 10.80 = 10.80 ASSUM NAME
-	Name: Roxanne Martin	D 10283
Capac	city: Proprietor (see instruction # 8 on back of form)	pyform skabn. p66