

FILED**CERTIFICATE OF ASSUMED BUSINESS NAME**

(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:

PLANNING SYSTEMS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

<u>Name</u>	<u>Complete Address</u>
<u>THOMAS HAGEMAN INC, A CALIF. CORPORATION</u>	<u>1530 FARADAY AVE. #100</u>
<u>dba PLANNING SYSTEMS</u>	<u>CARLSBAD, CA 92008</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services CONSULTING	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): (208) 665-2441

PAUL J. KLUKAS: PLANNING SYSTEMS1000 NORTHWEST BLVD. #220COEUR D'ALENE, ID 83814

5. Name and address for this acknowledgment copy is (if other than # 4 above):

SAME

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

04/27/1999 09:00
CK: 6938 CT: 100060 BH: 210911

1 @ 20.00 = 20.00 ASSUM NAME # 2
D 25402

Signature: Printed Name: THOMAS HAGEMANCapacity: PRESIDENT

(see instruction # 8 on back of form)

Revision 2/87

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