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

THE OF IDAHO

-	ACARETARY OF STATE STATE OF IDAHO		
	La Cadiaa 52 504 Idaha Cade the undersigned 24	AH	9: 13
	gives notice of adoption of an Assumed Business Name TARY ned business name which the undersigned use(s) in the transact	OF	SJATE
e assum	ned business name which the undersigned use(s) in the राजिताई विदेश	ion	Pfo"
- -inass i			

gives notice of adoption of an Assumed Business Name					
1. The assumed business name which the undersigned use(s) in the transaction of the trans					
business is:					
Blaine Co.	· 1990				
2. The true name(s) and business address(es) of the entity or individual(s) doing					
business under the assumed business name is/aie.					
Name	Complete Address S. S. H. St. Dellevue Id. 83313				
Blaine Fillinging 41.	2 5, 8th St. Cilcon tor och				
3. The general type of business transacted under the assumed business name is:					
3. The general type of business transacted direct the determinant of the general type of business transacted direct the determinant of the general type of business transacted direct the determinant of the general type of business transacted direct the determinant of the general type of business transacted direct tran					
_	Taxabetian and Public Hilities				
, Retail Trade Manufacturing	Transportation and Public UtilitiesFinance, Insurance, and Real Estate				
Wholesale Trade Agriculture	_ 				
$oxed{ extstyle oxed{ extstyle \textstyle \textstyle$	Mining				
4. The name and address to which future Phone number (optional): (208) 788-5949					
correspondence should be addressed:					
College Co	Submit Certificate of				
DIAM CO	Assumed Business				
PO. Box 4036	Name and \$20.00 fee to:				
11 11 71 00000	as Clata				
Hailey, 10, 83333	Secretary of State 700 West Jefferson				
Basement West					
5. Name and address for this activities acti	PO Box 83720				
Blaine Fillipain	Boise ID 83720-0080 208 334-2301				
Olivino Litturalist	208 3342301				
40, Box 844	Secretary of State use only				
11010 Td 87223	12/99				
Hailey Id. 83333					
Signature: Blane July 10 SECRETARY OF STATE 08/24/2001 05:0					
Maria Louis of The Caron	CK: 690 CT: 150459 BH: 415404				
Printed Name: Michael Blain Filling 18 20.00 ASSUM NAME # Capacity: Owner manager (see instruction # 8 on back of form)					
Capacity: Owner manager 1					
(see instruction # 8 on back of form)	N 47857				