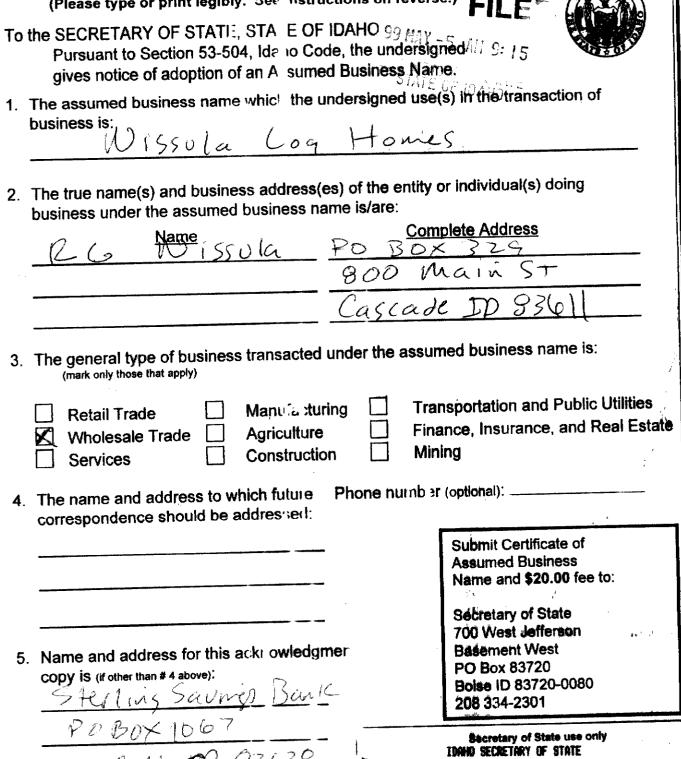
## CERTIFICATE OF ASSU AED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATIE, STA E OF IDAHO 99 MAY Pursuant to Section 53-504, Ide to Code, the undersigned/4/1 9: 15



**05/05/1999 09:00** CK: 8981888 CT: 114983 BH: 213811

28.80 = 28.88 ASSUM NAME # 2

D:25660

Signature: X

Printed Name: Capacity:

(see instruction # 8 on back of form) ...