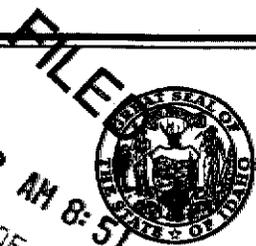


CERTIFICATE OF ASSUMED BUSINESS NAME

(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:

FREEDOM MORTGAGE

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

Name	Complete Address
<u>PHILIP R. RIVERS</u>	<u>2324 KORO AVE</u>
	<u>IDAHO FALLS, ID 83404</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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208) 522-2277

PHILIP R. RIVERS
2324 KORO AVE.
IDAHO FALLS, ID 83404

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

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

Signature: *Philip R. Rivers*
 Printed Name: PHILIP R. RIVERS
 Capacity: PRESIDENT

(see instruction # 8 on back of form)

Revision 2/97 g:\ccp\form\stabin.p65

Secretary of State use only
 IDAHO SECRETARY OF STATE
 12/22/1997 09:00
 CK: 17836 CT: 24891 BH: 65733
 1 @ 20.00 = 20.00 ASSUM NAME
 D10626