	CERTIFICATE OF	- ASSL	JMED BUSINESS NAME AMIC: 2
	o the SECRETARY OF STATE, Pursuant to Section 53-504 doption of an Assumed Business	STATE OF , Idaho Co	F IDAHO SECRETAR ode, the undersigned gives notice of E car 10 AHO
1.	The assumed business name values business is: DOVETAIL		undersigned use(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	ANDY OLERUD		<u>Address</u> <u>P.O. BOX 947 DR1665, IO 8342</u>
	BETSY OLERUD		P.O. BOX 947 ORIGGS, ID 8342.
3.	The general type of business transacted under the assumed business name is: $CONSTRUCTION$		
	See categories on the reverse	., %*	
4.	The name and address to which ANDY OLERUD	correspo	ndence should be addressed: BOX 947 DRIGGS, ID 8342.
		Signed _	andy Olerud
		Ву _	
		Capacity	OWNER
	Submit Certificate of Assumed Business Name and \$20.00 fee t	to:	Customer#

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Secretary of State use only

IDAHO SECRETARY OF STATE
DATE 06/25/1997
0900 105538 2
CK #: 3601 CUST# 83471
ASSUM NAME 18 20.00= 20.00

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