CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type of print legibly. See instructions on other page.)

To the SECRETARY OF STATE, STATE OF IDAH
--

_		an Assumed Business Na			N. S.
The assumed b ousiness is:	usiness nam	ne which the undersigned	uses(s) ir	n the transaction of	
АТ	TORNEYS M	ESSENGER SERVICE			
The true name(s) and busin	ess address(es) of the en	tity or ind	ividual(s) doing	
ousiness under		d business name is/are:		Complete Address	
Name GRANT E. MUIR SR.			1325 VISTA AVE, BOISE, IDAHO 83705		
VALERA P. MUIR			1325 VISTA AVE, BOISE, IDAHO 83705		
VALERA P. MIL	אוע		1323	VISTA AVE, BOISE, IDAITO 00700	
		s transacted under the as	sumed b	usiness name is:	
(mark only those	e that apply)			``````````````````````````````````````	
Retail T	rade	Manufacturing		Transportation and Public Utilities	
Wholes	ale Trade	Agriculture		Finance, Insurance, and Real Est	ate
X Service	s	Construction		Mining	
The name and			Phone	Number (optional):	
correspondence should be addressed: ATTORNEYS MESSENGER SERVICE				Submit Certificate of	————— ————————————————————————————————
ATTN: VALERA P. MUIR				Assumed Business	
1407 VISTA AVE.				Name and \$20.00 fee to:	
BOISE, ID 837		**************************************		Name and \$20.00 fee to.	
				Secretary of State	
		acknowledgment		700 West Jefferson	
copy is (if other	er than #4 ac	love):		Basement West	
IDAHO BANKING COMPANY				PO Box 83720	
6010 FAIRVIEW AVE.				Boise ID 83720-0080	
BOISE, ID 837	04			208-334-2301	
) :				Secretary of State use only	
lame: GR	ANT E. MUI	R SR.,		IDAHO SECRETARY OF STATE	
		1		08/17/1999 09:	. aa

CK: 1363 CT: 89078 BH: 242649

1 8 28.86 = 20.88 ASSUM NAME # 2 028471

Sig Pri Title: Signature: Printed Name: VALERA P. MUIR Title: General Partner

(see instruction #8 on other side)