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



To the SECRETARY OF STATE, STATE O Pursuant to Section 53-504, Idaho Co gives notice of adoption of an Assum	ade the findersianed
The assumed business name which the business is:	undersigned use(s) in the transaction of
HAVE WATER WILL	TRAVEL
2. The true name(s) and business address(business under the assumed business not have business not have business not have business address(business not have business not have business not have business address(business address). Name	es) of the entity or individual(s) doing ame is/are: Complete Address Box 1564 MCALL 10 83638
The general type of business transacted (mark only those that apply)	under the assumed business name is:
Retail Trade Manufacturi Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
correspondence should be addressed:	Phone number (optional):
Have Water Will Travel P.O. Box 1564	Submit Certificate of Assumed Business Name and \$20.00 fee to:
McCall, Td. 83638 5. Name and address for this acknowledgme copy is (if other than #4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: JAN LOHEF Capacity: Owner	1000 SECRETARY OF STATE DATE 06/11/1997 0900 101221 2 CX 1: 7151 CUSTI 82784 ASSUM MARE 10 20.00= 20.00
(see instruction # 8 on back of form)	1377