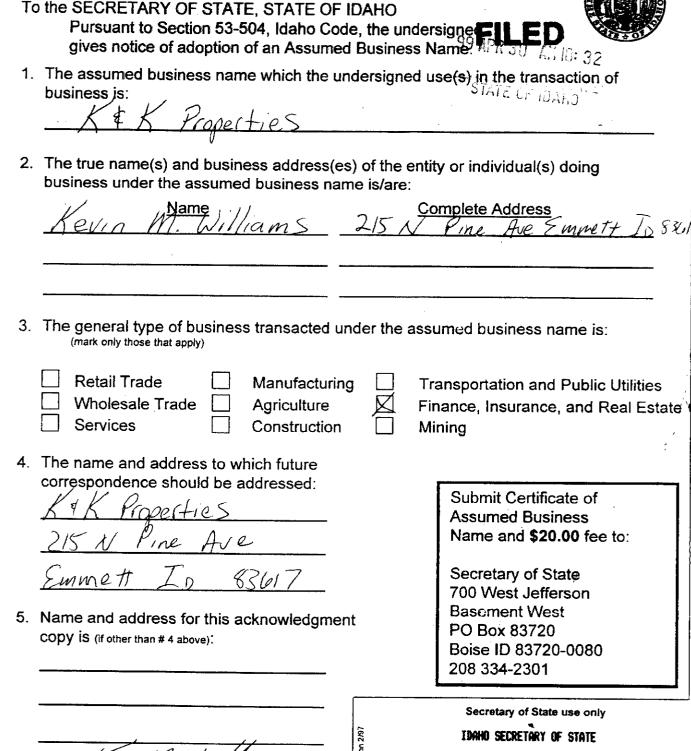
## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

To the SECRETARY OF STATE, STATE OF IDAHO



Signature:

Printed Name:

Capacity:

(see instruction # 8 on back of form)

04/30/1999 09:00 CX: 6278 CT: 114854 BH: 212296

1) 25576