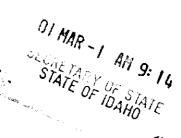


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. See instructions on reverse before filing.



NOTE. See histractions on reverse beto	ore filling.
The assumed business name which the unbusiness is:	``.
MAY FAMILY RANCH	
2. The true name(s) and <u>business</u> address(es business under the assumed business name <u>Name</u> PAUL L. MAY SHARON L. MAY	Complete Address PO BOX 192 CLAYTON, ID 83227 (SAME)
The general type of business transacted un	ider the assumed business name is:
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: PAUL L. MAY PO BOX 192 BLAYTON, ID. 83227 5. Name and address for this acknowledgments	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 208 334-2501 Phone number (optional):
CODY is (if other than # 4 above).	
(SAME)	
	Secretary of State use only IDANO SECRETARY OF STATE
Signature: Showson L. Wood	G CX: 220 CT: 142932 BH: 361998
Printed Name: SHARDA L. MAY	03/01/2001 09:00 CX: 220 CT: 142932 BH: 361996 1 9 20.60 = 20.66 ASSUM NAME # 2
Capacity: (D-DWNE)	Revis

(see instruction #8 on back of form)

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