Printed Name:

(see instruction # 8 on back of form)

Capacity:

FILEDRIFEC IFICATE OF ASSUMED BUSINESS INC. (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO gives notice of adoption of an Assumed Business Name. Local 1. The assumed business name which the undersigned use(s) in the transaction of business is: Peinceton Financial 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name POBOX 4921 Michael etchum, ID 83540 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Mining Construction Services 4. The name and address to which future Phone number (optional): ___ correspondence should be addressed: 5-Nichael Submit Certificate of Assumed Business 20300X 492 Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature:

IDAHO SECRETARY OF STATE
12/16/2002 05:00
CK: 3760280198 CT: 158010 BH: 651484
1 9 20.00 = 20.00 ASSUM NAME # 2

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