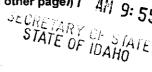
FILED/EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on other page) | AM 9:55

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned



gives notice of adoption of an Assu	
1. The assumed business name which the und	ersigned use(s) in the transaction of business is:
Hepworth & Lezamiz Partnership #1	(************************************
2. The true name(s) and business address(es) business name is/are:	of the entity or individual(s) doing business under the assume
Name	Complete Address
John T. Lezamiz	_870 Canyon Springs Road, Twin Falls, ID 83301
John C. Hepworth	2145 Hillcrest Drive, Twin Falls, ID 83301
Bonita A. Hepworth	2145 Hillcrest Drive, Twin Falls, ID 83301
The general type of business transacted und (mark only those that apply)	fer the assumed business name is:
Wholesale Trade Agricu	facturing Transportation and Public Utilities ulture Finance, Insurance, & Real Estate ruction Mining
The name and address to which future correspondence should be addressed:	Phone number (optional):
Hepworth & Lezamiz Partnership #1	Submit Certificate of
847 Canyon Springs Road	Submit Certificate of Assumed Business
Twin Falls, ID 83301	Name and \$20.00 fee to:
5. Name and address for this acknowledgem	ent Secretary of State
copy is (if other than #4 above):	700 West Jefferson
WELLS FARGO BANK NORTHWEST,	N.A. Basement West
BBG-BOISE LOAN OPERATIONS CEN	NTER PO Box 83720
PO BOX 8203 (MAC #U1851-015)	Boise ID 83720-0080
BOISE ID 83707-2203	208 334-2301
Signature	

Signature:

Printed Name

Capacity:

General Partener

(see instruction #8 on other sheet)

Lezamiz

IDAHO SECRETARY OF STATE

06/11/2001 09:00 CK: 3352001155 CT: 50009 BH: 482056

1 # 28.88 = 28.88 ASSUM NAME # 2