CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name 1. The assumed business name which the undersigned use(s) in the transaction of business is: TWIN EAGLES 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 735 North 900 East Artice M. Swingle Shelley, ID 83274 John J. Wordin 735 North 900 East Shelley, ID 83274 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Transportation and Public Utilities Manufacturing Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 4. The name and address to which future correspondence should be addressed: Submit Certificate of __ John J. Wordin Assumed Business TWIN EAGLES Name and \$20.00 fee to: _ P.O. Box 452 ____ Secretary of State Shellev, ID 83274-0452 700 West Jefferson Basement West 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 IDANS-GEORGYANY SANGTATE only 10/30/2000 09:00 CX: 256 CT: 137844 BH: 357527

Signature: Ortice M. Swindle

Printed Name: _ Artice M. Swingle

Capacity: President

(see instruction # 8 on back of form)

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