EFFECTIVE



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. NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned business is: Willow Creek Technical Ser	l•
The true name(s) and business address(es) of the ent business under the assumed business name: Name Scott K Wold	ity or individual(s) doing Complete Address 429 Higbee Circle Idaho Falls, ID 83404
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Scott Wold 429 Higbee Circle Idaho Falls, ID 83404-7104 5. Name and address for this acknowledgment copy is (if other than # 4 above).	
Signature: Signature: (signature required) Scott K Wold Capacity/Title: (see instruction # 8 on back of form)	Secretary of State use only IDAHO SECRETARY OF STATE 97/31/2002 05:6 CK: 5521 CT: 158010 BH: 4801 1 8 20.00 = 20.00 ASSUM MAM

D56920