



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

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:

CARTER Enterprises

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

AL C Name CARTER Complete Address 1044 LAKE WOOD DR
TWIN FALLS, IDAHO
83301

3. The general type of business transacted under the assumed business name is (mark only those that apply)

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional) 208-735-9400

CARTER ENTERPRISES
1044 LAKE WOOD DR
TWIN FALLS, ID 83301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

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
208 334-2301

Secretary of State use only

Signature: AL C. CARTER

Printed Name: AL C. CARTER

Capacity: Owner / President

(see instruction # 5 on back of form)

IDAHO SECRETARY OF STATE

04/06/1999 09:00
CK: 1068 CT: 113634 BH: 204350

1 @ 20.00 = 20.00 ASSUM NAME # 2

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