

CERTIFICATE OF ASSUMED BUSINESS NAME

2003 HOV 24 AM 8: 59

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

S. STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

| 2. The true name(s) and business address(business under the assumed business name Name 17 Rec 500 | es) of the entity or individual(s) doing ame: Complete Address Lees North 3rd West Pay ID 83442 |
|---|--|
| 3. The general type of business transacted and the second | on and Public Utilities n Submit Certificate of Assumed Business |
| 4. The name and address to which future correspondence should be addressed: LIZ PRESSES LUC & NOTH BYANGS PLANT ID 83443 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgm copy is (if other than # 4 above): | Phone number (optional): (208) 745-0224 |
| | Secretary of State use only |
| rinted Name: | IDANO SECRETARY OF STATE 11/24/2003 05 = 0 |

1994U SECRETARY OF STATE
11/24/2003 05:00
CK: 193 CT: 158818 BH: 713228
LE 25.00 = 25.00 ASSUM NAME # 2

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