CERTIFICATE OF ASSU /IED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STA E OF IDAHO Pursuant to Section 53-504, Ide to Code, the undersigned 15 Pil 2: 34 gives notice of adoption of an A sumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: 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 P.O. Box 1188 McCall + 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufa sturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade **Agriculture** Minina Construction Services Phone number (optional): 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this ackrowledgmer Basement West PO Box 83720 CODY is (if other than # 4 above): Boise ID 83720-0080 208 334-2301 **08/16/1999 09:00** CK: 3641 CT: 119341 BH: 242437 28.88 = 28.88 ASSUM NAME # 2 Signature: Printed Name: (Capacity: (see instruction # 8 on back of form) .