CERT
To the S

## IFICATE OF ASSUMED BUSINESS NAME

1.	To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A The assumed business name which the ur business is:  PLUM TREE WOOD WOR	TE C ho C ssun iders	FII ode ned igne	DAH the Busi	O G unders ness Na	.133 29 igned ignel E of	DAHO	FILED/EFFE
2.	The true name(s) and business address(es business under the assumed business name  Name	s) of the isa	the dare	<u>Co</u>	or indiversely or ind	Address	doing 83845	CTIVE
4.	The general type of business transacted un (mark only those that apply)  Retail Trade	; [ [		Tra Fin Min	nsporta ance, In ing	tion and F	me is: Public Utiliti and Real E	
	PLUM TRÉE WOOD WORK INC- HCR 62 BOX 100  MOYIE SPRINGS, IDAHO 83845  Name and address for this acknowledgment copy is (if other than # 4 above):	t			Assum Name a Secreta 700 We Basem PO Box	Certificate ed Busines and \$20.00 ary of State est Jeffers ent West & 83720 D 83720-0 1-2301	ss ) fee to: e on	
- -	10. D. D. D. D. D. C.	Revision 1/98		(	01/29	ECRETRATION /2001 T: 141476	09±00	

Signature: Phillip a. allunga.

Printed Name: PHILLIP A. ALLINGER

Capacity: OWNER

(see instruction # 8 on back of form)

1 @ 20.00 = 20.00 ASSUM MAME # 2

D-412195