

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

2002 MAR 28 PM 4: 10

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECHELARY OF STATE STATE OF IDAHO

| The assumed business name which the unc  | dersigned use(s) in the transaction of            |
|--|---|
| business is:   | 30.0.9.10.2 000(0)                                |
| . High Performance   | <u>ce</u>   |
| 2. The true name(s) and <u>business</u> address(es) business under the assumed business name | of the entity or individual(s) doing              |
| Name   | Complete Address                                  |
| Sam Hill   | P.O. Box 50036 Boise, ID 83705                    |
|  |   |
| 3. The general type of business transacted un  | nder the assumed business name is:                |
| Retail Trade Transportation  | n and Public Utilities                            |
| Wholesale Trade Construction   |   |
| Services Agriculture   | Submit Certificate of                             |
|  | Assumed Business                                  |
| Finance, Insurance, and Real Estate  | Name and \$20.00 fee to:                          |
| 4. The name and address to which future  | Secretary of State                                |
| correspondence should be addressed:  | 700 West Jefferson                                |
|  | Basement West PO Box 83720                        |
| San H:11   | Boise ID 83720-0080                               |
| P.O. Bux 50036   | 208 334-2301                                      |
| BoiSE, ID 83705  |   |
| 5. Name and address for this acknowledgme  | ent Phone number (optional):                      |
| COPY is (if other than # 4 above).   |   |
|  |   |
|  | Secretary of State use only                       |
|  | 150   |
| Signature: PM TAP  | TDAHO SECRETARY OF STATE                          |
| signature: A F. Aff  | Revised 01/2001                                   |
| Printed Name: Sam K. Hill III  | Revise  |
| Capacity/Title: Owore  | IDAHO_SECRETARY_OF_STATE                          |
| (see instruction # 8 on back of form)  | 03/29/2002 05:00<br>CK: CASH CT: 158010 BH: 45548 |
|  | 1 8 20.00 = 20.00 ASSUM NAME                      |

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