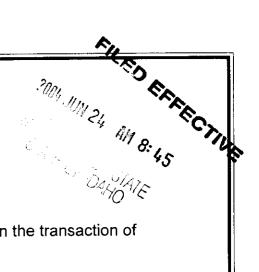


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



The assumed business name which the under business is:	rsigned use(s) in the transaction of
Day Bros. Trucking	
The true name(s) and business address(es) o business under the assumed business name: Name Danny Day	
3. The general type of business transacted unde	er the assumed business name is:
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Danny Day 397 W 100 S Burley, Id 83318	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	t Phone number (optional):
D. L. Evans Bank PO Box 1188 Burley, Id 83318	Secretary of State use only
Signature: (signature required) Printed Name: Danny Day	IDAHO SECRETARY OF STATE 06/24/2004 05:00 CK: 9030803 CT: 158010 BH: 752102 1 P 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title: owner (see instruction # 8 on back of form)	D77593