## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAH & 12 15 PH '97



THE COMMUNITY		gned use(s) in the transaction of
THE COMMONLY E	N/CE /	
<ul> <li>The true name(s) and busines business under the assumed I</li> </ul>	s address(es) of the	he entity or individual(s) doing
a Name		Complete Address
CARL LATURA		W36 SOUTH MTN HOME ID. 83
****	*	
The general type of business (mark only those that apply)	transacted under t	he assumed business name is:
		<b>-</b>
	Manufacturing [	Transportation and Public Utilities
	Agriculture L Construction	
The name and address to which correspondence should be add		number (optional): 832-1368
•		
7025 N36 SOUTH NTN. HONE, ID. 8.		Submit Certificate of
MTN. HONE, ID. 8.	3647	Assumed Business Name and \$20.00 fee to:
		, ,,,,,
	<del> </del>	Secretary of State 700 West Jefferson
Name and address for this acknowledgment		Basement West
COPY is (if other than # 4 above):		PO Box 83720
		Boise ID 83720-0080
	-	208 334-2301
		Secretary of State use only
	<u>_</u>	IDAHO SECRETARY OF STATE
		<b>08/08/1997 09:00</b>

Printed Name: LARL LATONA

Capacity: PRESIDENT

(see instruction # 8 on back of form)

D7015