



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.

FILED EFFECTIVE

08 SEP -4 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

AM PM

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Adam B. Strang

P.O. Box 568 mailing address
Troy, ID 83871

physical 303 Castle Lane
Troy, ID 83871

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Adam B. Strang
P.O. Box 568
Troy, ID 83871

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Same

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Phone number (optional):

954-882-1439
208-835-4150

Secretary of State use only

Signature: [Signature]
(signature required)

Printed Name: Adam B. Strang

Capacity/Title: President & CEO

(see instruction # 8 on back of form)

g:\compform\idm\form\idm1.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
09/04/2008 05:00
CK: 200819618 CT: 158018 BH: 1134311
1 @ 25.00 = 25.00 ASSUM NAME # 2

D124560