| CERTIFICATE OF ASS | UMED BUSINESS NAME |
|---|--|
| To the SECRETARY OF STATE, STATE Of Pursuant to Section 53-504, Idaho Cadoption of an Assumed Business Name. | OF IDAHO code, the undersigned gives notice of STATE STATES |
| The assumed business name which the business is: A local at Company Tack and T | _ ,, |
| 2. The true name(s) and business address business under the assumed business in | s(es) of the entity or individual(s) doing |
| Asia 5. Bowmanu | Huckle berry Who Loop Rd. |
| | (arey wood, ID. 83809 |
| 3. The general type of business transacted | |
| Retail Trade / Service See categories on the reverse | 25 |
| 4. The name and address to which corresp | pondence should be addressed: |
| Alpine Five Extinguis | ur Service |

PO. Box 5, Careywood, ID 83809

Signed Olda 5. Borumon 3/11/97 Ву

Capacity Owner

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Customer#

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 03/13/1997 0900 72522 CK #: 1877 CUST# 78094

RSSUM NAME 18 20,00= 20.00