CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2003 APR 16 AM 11: 04

The true name(s) and business address(e	***
business under the assumed business na Name	, , , ,
DWAYNE K PARSONS	P.O. Box 174
	46242 Hwy 200 Hope ID 63836
The general type of business transacted u	and and the annual state of the
Services	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional): 208-269-270/
	Secretary of State use only

Printed Name: DWAYNE K. PARSONS

Capacity/Title: SOLF PROPRIETOR

(see instruction # 8 on back of form)

IDANO SECRETARY OF STATE
94/24/2003 05:00
CK: 743 CT: 158018 BH: 676627
1 8 25.88 = 25.88 ASSUM NAME # 2