CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of the code of the co adoption of an Assumed Business Name.

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

ALPINE ENGRAVING

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

MICHAEL W. HOLLIDAY 1798 HOOPES AVE, IDAHO FALLS, ID 83404

Name

Address

NANCY C. HOLLIDAY 1798 HOOPES AVE., IDAHO FALLS, ID 83404

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

MANUFACTURING AND RETAIL TRADE

See categories on the reverse

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

ALPINE ENGRAVING

1798 HOOPES AVE., IDAHO FALLS, ID 83404

By

Capacity

Customer#

Duner

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

Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 Secretary of State use only

IDAHO SECRETARY OF STATE DATE 03/14/1997 0900

ASSUM NAME 10 20.00= 20.00