



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

NOTED 12 AM 9:15

SECRETARY OF STATE

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

Hopkins Roden

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

HOPKINS RODEN CROCKETT

428 Park Avenue

HANSEN & HOOPES, P.L.L.C.

P. O Box 51219

(W 33 86)

Idaho Falls, ID 83405-1219

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 | |

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

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

Gregory L. Crockett, Manager

P. O. Box 51219

Idaho Falls, ID 83405-1219

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

Phone number (optional):

208-523-4445

Secretary of State use only

D108056

IDAHO SECRETARY OF STATE
02/12/2007 05:00
CK: 18563 CT: 1793 BH: 1032259
1 @ 25.00 = 25.00 ASSUM NAME # 2

Signature:

Gregory L. Crockett
(signature required)

Printed Name:

Gregory L. Crockett

Capacity/Title:

Manager

(see instruction # 8 on back of form)