

Signature:_

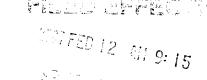
Printed Name:

Capacity/Title:

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.



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 3386) Idaho Falls, ID 83405-1219 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson Basement West Gregory L. Crockett, Manager PO Box 83720 Boise ID 83720-0080 P. O. Box 51219 208 334-2301 Idaho Falls, ID 83405-1219 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than # 4 above): 208-523-4445 Secretary of State use only

> g:\corp\forms\abn.p65 Revised 04/2003

Gregory L. Crockett

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE

12/2007 05:00

CK: 18563 CT: 1793 BH: 1032259

25.06 = 25.06 ASSUM NAME # 2