



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED/EFFECTIVE

2002 APR 11 PM 2:05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

we10st1bs.com

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

John P. Ross

602 E. Ave. C.

Jerome, ID 83338

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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 \$20.00 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:

John P. Ross

602 E. Ave. C.

Jerome, ID 83338

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

Phone number (optional):

Secretary of State use only

053838

IDAHO SECRETARY OF STATE

04/11/2002 05:00

CK: CASH CT: 150010 BH: 450536

1 @ 20.00 = 20.00 ASSUM NAME # 2

g:\corp\forms\labn form\labn.p65
Revised 12/2001

Signature: John P. Ross

Printed Name: John P. Ross

Capacity/Title: Owner

(see instruction # 8 on back of form)