



# CERTIFICATE OF ASSUMED BUSINESS NAME

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

2004 DEC -1 AM 9:17

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:

THE UPRIVER STEAKHOUSE + LODGE

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

Name (C157549)

Complete Address

H+J PIPELINE MAINTENANCE LTD BOX 177 CR 739 BELLE, MO. 65013

JILL JAMIESON, PRES.

21428 CDA RIVER RD  
PRICHARD ID 83873

MARK GIST, V.P.

21428 CDA RIVER RD  
PRICHARD ID 83873

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 |  |

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

ATTN: JILL JAMIESON  
H+J PIPELINE MAINTENANCE LTD  
21428 CDA RIVER ROAD  
PRICHARD ID 83873

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

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

same

Phone number (optional):

208-682-9409

Secretary of State use only

Signature: Jill Jamieson

(signature required)

Printed Name: JILL JAMIESON

Capacity/Title: PRESIDENT

(see instruction # 8 on back of form)

g:\corp\forms\labn form\labn.p65  
Revised 04/2003

IDAHO SECRETARY OF STATE  
12/01/2004 05:00  
CK: 358 CT: 158010 BH: 779226  
1 @ 25.00 = 25.00 ASSUM NAME # 2

D82321