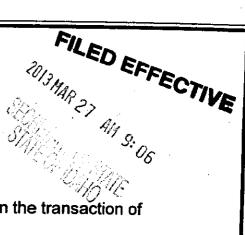


(see instruction #8 on back of form)

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.



	THE STATE OF THE S
1. The assumed business name which the u business is:	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name Socie Slater	es) of the entity or individual(s) doing me: Complete Address PO Goy 786 Osburn, ID 83849
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Source Sou	n and Public Utilities Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above): B9 C Salan 1030 Mullan St D OSburn Id 83849	Secretary of State use only
Signature: Donn Stater Printed Name: Donn Stater Capacity/Title: Owner (see instruction #8 an back of farm)	IDAHO SECRETARY OF STATE 10

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