Signature:

Capacity:

Printed Name. HOL

## ERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHC Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. The assumed business name which the undersigned use(s) in the transaction of business is: Idaho Falls Extreme. Power 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address MMO 7155 Cavital Towno Falls ID 8360 DMI 3. The general type of business transacted under the assumed business name is (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): (203)523-2610 correspondence should be addressed Idaho Falls Extreme Power author Submit Certificate of Assumed Business Name and \$20.00 fee to. Idaho Falls Secretary of State 700 West Jefferson 5 Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PQ Box 83720 Boise 1D 83720-0080 208 334-2301 Secretary of State use only

IDAHO SECRETARY OF STATE

61/27/1999 69:06 CK: 1814 CT: 118212 BH: 182263

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