CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

SECRETARY OF STATE OF IDALIA

	To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah gives notice of adoption of an As	io Code, the	undersigned 3
1.	gives notice of adoption of an As. The assumed business name which the und business is:		
	NRP Enterprise	<u> </u>	·
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Mame Mad L. Pontious		mplete Address
(Reneé D. Pontions	Ned & Rener 5764 So. Hors Boise, ID	eshoe Place
3.	The general type of business transacted un (mark only those that apply)	der the assu	umed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Fir	ansportation and Public Utilities nance, Insurance, and Real Estate ning
4.	The name and address to which future Place correspondence should be addressed:	none numbe	er (optional): 208-424-3670
	Ned & Renee Pontious 5764 So. Horseshoe Place Boise, ID 83716		Submit Certificate of Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		.,	I SAME SECRETARY OF USTATE !
ŕ		Revision 1/98	01/05/2000 09:00 CK: 3418 CT: 124818 BH: 278893
nat	re: Heres D. Portions	 82	18 28.86 = 28.86 ASSUM MANE # 2 $D 31891$
nted	Name: Keneé D. Pontious	35 0. p65	

Sig

Prin

Capacity: owner

(see instruction # 8 on back of form)