

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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

Water Oz

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

Name

Complete Address

DAVID R. HINKSON

P.O. Box 159 - Stites ID

83552

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 correspondence should be addressed:

Phone number (optional): _____

P.O. Box 159

Stites ID 83552

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

Printed Name: _____

DAVID R HINKSON

Capacity: _____

Owner/Operator

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and _____ to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

07/24/1997 09:00
CK: 1176 CT: 84722 BH: 24865

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Revision 2/97

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