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

B MA 1 - YOM OO

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.

STATE OF IDA

 The assumed business name which the undersigned use(s) in the transaction of business is: 	
THOMPSON AND ASSOCIATES	
2. The true name(s) and business address(es) business under the assumed business name Name M. Brent Thompson 1	of the entity or individual(s) doing e is/are: <u>Complete Address</u> 01 Park Avenue, Idaho Falls, ID 83402
3. The general type of business transacted und	der the assumed business name is:
Retail Trade	x x x x x x x x x x x x x x x x x x x
 The name and address to which future Plant Correspondence should be addressed: M. Brent Thompson 	hone number (optional): 208-524-5440 Submit Certificate of
- Thompson & Associates	Assumed Business Name and \$20.00 fee to:
101 Park Avenue Idaho Falls, Idaho 83402 5. Name and address for this acknowledgmen copy is (if other than #4 above):	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
Signature: M. Drent Hompso	11/01/2000 09:00 CK: 164 CT: 137951 BH: 358858
Printed Name: M. Brent Thompson	Ditt 101 Ditte
Capacity: Owner	1 0 28.60 = 28.90 ASSUM NAME # 2

(see instruction # 8 on back of form)

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FILED/EFFECTIVE