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.



SECRETARY OF STATE
STATE OF IDAHO

NOTE: See instructions on reverse before mais:	
1. The assumed business name which the undersigned use(s) in the transaction of business is: Morris Equipment Pobula Fabrecation The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Com	
3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities	
 Wholesale Trade Services Manufacturing Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: \[Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 401-1801 362-8703 Secretary of State use only
Signature: (signature required) Printed Name: (APL T. MOPPIS Capacity/Title: (OUNDE) (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 97/28/2003 95:00 CK: CASH CT: 158010 BH: 693263 1 9 25.00 = 25.00 ASSUM MANE 1 2