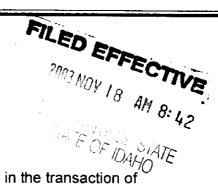


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



The assumed business name which the business is:	undersigned use(s) in the transaction of
Purely Chston	
The true name(s) and business address business under the assumed business name	
•	•
SEASTRON MANUFACTURING CO., INC.	
<u> </u>	TWIN FALLS, TOAHO 83301
The general type of business transacted	Lundor the accumed business name is:
The general type of business transacted	i under the assumed business name is:
	tion and Public Utilities
Wholesale Trade Construction	
☐ Services ☐ Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
Finance, Insurance, and Real Esta	ate Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson
correspondence should be addressed.	Basement West
SAME AS ABOVE	PO Box 83720
	Boise ID 83720-0080
	208 334-2301
5. Name and address for this acknowledge	ment Phone number (optional):
COPY IS (if other than # 4 above).	208-737-4300
N/A	
	Secretary of State use only
gnature: MASa Tam (signature required)	LDAHO SECRETARY OF STATE 11/18/2003 05-0
nted Name: ROBERT A . SEASTROM	Comstable form
pacity/Title: Persipent	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	11/18/2003 05:0 CK: 6462 CT: 15889 05:0

11/18/2003 05:00 CK: 64162 CT: 158010 BH: 712240 1 @ 25.08 = 25.00 ASSUM NAME # 4