



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2005 JUN 2 10:14 AM

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

DAWSON Ridge Beetle Works

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

Name

Complete Address

Shawn Frederickson

PO Box 377 Bonners Ferry, Id 83805

Garrett Hull

PO BOX 1606 Bonners Ferry, Id 83805

Casey Frederickson

PO BOX 377 Bonners Ferry, Id 83805

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

Shawn Frederickson
PO Box 377
Bonners Ferry, Id 83805

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

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

Phone number (optional):

208-267-3979

Secretary of State use only

Signature: _____

Shawn C Frederickson
(signature required)

Printed Name: Shawn C Frederickson

Capacity/Title: Partner

(see instruction # 8 on back of form)

9-copiformslan formslaln.p65
Revised 04/2003

IDaho SECRETARY OF STATE
07/29/2005 05:00
CK: 968 CT: 150010 BH: 823944
1 @ 25.00 = 25.00 ASSUM NAME # 2

D90182