CERTIFICATE OF ASSUMED E (Please type or print legibly. See instru	BUSINESS NAME (Ictions on reverse.)
To the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Co- gives notice of adoption of an Assume	de, the undersigned TIAR TO ATTRO- ed Business Name <sub>ECRETARY OF STATE</sub>
The assumed business name which the ubusiness is:     NEZPERCE AG	indersigned use(s) in the trainstation of
<ol> <li>The true name(s) and business address(e business under the assumed business national statements)</li> <li>Name</li> </ol>	es) of the entity or individual(s) doing arme is/are:  Complete Address
PATRICK BARNETT	PO BOX 24 NEZPERCE, ID 83543 PO BOX 24 NEZPERCE, ID 83543
3. The general type of business transacted (merk only those that apply)	·
Retail Trade Manufactur Wholesale Trade Agriculture Services Constructio  4. The name and address to which future correspondence should be addressed:	Finance, Insurance, and Real Estate
NEZPERCE AG PO BOX 24	Submit Certificate of Assumed Business Name and \$20.00 fee to:
NEZPERCE, ID 83543  5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
3	Secretary of State use only