

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly.

NOTE: See instructions on reverse before filing.

President

(see instruction # 8 on back of form)

Capacity/Title:_

FILED EFFECTIVE

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

2005 SEP 15 AM 9: 35

SEORETANT OF STATE STATE OF IDAMO

Aligning Waters	
2. The true name(s) and business address(business under the assumed business name Name Aligning Waters, Inc.	
The general type of business transacted	under the assumed business name is:
Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Aligning Waters 219 Cedar St, Ste A Sanpdoint, ID 83864	Submit Certificate of Assumed Business
5. Name and address for this acknowledgr copy is (if other than # 4 above):	nent Phone number (optional): 208-265-8440
	Secretary of State use only
ature: (signature required)	seed 04/2003

IDAHO SECRETARY OF STATE
09/15/2005 05:00
CK: 4214 CT: 172194 BH: 911862
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