CERTIFICATE OF ASSUMED BU. (Please type or print legibly. See instruction)	SINESS NAME
Pursuant to Section 53-504, Idaho Code, to gives notice of adoption of an Assumed Bu	FILED/EFF
1. The assumed business name which the under business is: CES Enterprise	rsigned use(s) in the many afficially
2. The true name(s) and business address(es) of business under the assumed business name is Name Sam Day Lindy Day July	f the entity or individually as
3. The general type of business transacted under (mark only those that apply) Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction 4. The name and address to which future Phone correspondence should be addressed:	the assumed business name is: Transportation and Public Utilities Finance, Insurance, and Real Estate Mining number (optional):
P.D. Box 87 Twin Falls 1D 8330)	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above): DC COANS PO Box 81:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Twin Falls 10-83301 Signatures / Signatures	Secretary of State use only IDAHO SECRETARY OF STATE
Printed Name: Sam Day Capacity: Will (see instruction # 8 on back of form)	04/26/2001 09:00 CK: 953626 CT: 129287 BH: 393566 1 9 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 3 on back of form)	N.44791