



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE
NOV 18 2002 9:42

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.

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

LARSON, MCKEOWN, ERWIN AND ASSOCIATES

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

Michael R. Larson

412 E. Parkcenter Blvd

Patrick M. McKewon

Suite 209

C. LARSON ERWIN & HAP COLE

Boise, ID 83706

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Michael R. Larson
412 E. Parkcenter Blvd Suite 209
Boise ID 83706

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

367-0144

Secretary of State use only

Signature: Michael R. Larson

(signature required)

Printed Name: Michael R. Larson

Capacity/Title: Branch Manager

(see instruction # 8 on back of form)

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Revised 09/2002

IDAHO SECRETARY OF STATE
11/18/2002 05:00
CK: 1510 CT: 165074 BH: 646623
1 @ 20.00 = 20.00 ASSUM NAME # 2

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