Capacity:

President

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To th	ne SECRETARY OF STATE, STATE OF I Pursuant to Section 53-504, Idaho Code gives notice of adoption of an Assumed	e. the un alid	BA25 AM 8: 32
	he assumed business name which the un usiness is: Golay Group Inc dba Twin Falls Gran	dersigned us	e(s) in th e was se d RoHO f
bu	he true name(s) and business address(es usiness under the assumed business nam <u>Name</u> yrd Golay 3	ne is/are: <u>Cor</u>	or individual(s) doing nplete Address , Kimberly, Idaho 83341
X	Wholesale Trade Agriculture Services X Construction	Tra	med business name is: nsportation and Public Utilities ance, Insurance, and Real Estate ling (optional): (208) 734-7728
5. No	orrespondence should be addressed: ord Golay 140 Eldridge Avenue win Falls, Idaho 83301 ame and address for this acknowledgmen opy is (if other than # 4 above): .S. Bank	t	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
<u>Tv</u> ignature	win FaTPs, Idaho 83303-0509 E Dyn Golay	pm6 Revision 2/97	Secretary of State use only IBAND SECRETARY OF STATE DATE 04/24/1997 0900 86027 4 CK #: 1384 CUST# 1250 RSSUM NAME 18 20.00= 20.00