CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned uses in the manuaction ball business is: CHAMBERLAIN BASIN OUTFITTERS			
		The true name(s) and business address(es) of t business under the assumed business nam Name	e is/are: Complete Address
		FRANK ANTHONY KREKELER	ROUTE 1, BOX 240A SALMON, ID 83467
TRACY L. KREKELER	ROUTE 1, BOX 240A SALMON, ID 83467		
3. The general type of business transacted under the assumed business name is: (mark only those that apply)			
Retail Trade Manufac	turing Transportation and Public Utilities		
Wholesale Trade X Agriculti	h ·		
X Services Construc	ction Mining		
4. The name and address to which future Correspondence should be addressed:	Phone number (optional): 208-654-2818		
FRANK ANTHONY & TRACY KREKELER	Submit Certificate of		
ROUTE 1, BOX 240A	Assumed Business		
SALMON, ID 83467	Name and \$20.00 fee to:		
5. Name and address for this acknowledgement copy is (if other than #4 above):	Secretary of State 700 West Jefferson		
FIRST SECURITY BANK N.A.	Basement West		
COMMERCIAL LOAN DOCUMENTATION	CENTER PO Box 83720		
P.O. BOX 8203	Boise ID, 83720-0080		
BOISE, IDAHO 83707	(208) 334-2301		
Signature: Printed Name: FRANK ANTHONY KREKELER Capacity: OWNER	Secretary of State Use Only		
	_		
Signature: Appl & VRS No Sec			

Printed Name:

Capacity:

TRACY L. KREKELER

(see instruction #8 on other sheet)

OWNER

IDAHO SECRETARY OF STATE

05/14/1999 09:00 CK: 3597 CT: 1571 BH: 216988

1 8 20.00 = 20.00 ASSUM MAME # 2

D26009