Capacity: Presiden

(see instruction # 8 on back of form)

	RTIFICATE O	F ASSUME	D BUS	SINESS NAME	lei
To th	e SECRETARY OF S Pursuant to Section gives notice of ado	STATE, STATE C n 53-504, Idaho C	OF IDAHO	o undersigned	\$ >
business	imed business name is: TRISKELE	which the unders	signed us	se(s) in the transaction of	
2. The true business	under the assumed I	business name is	/are: <u>Cor</u>	or individual(s) doing* mplete Address cen Dr., Boise, ID 8370	Я
(mark o	il Trade	transacted under Manufacturing [Agriculture [Construction [Tra	med business name is: Insportation and Public Utilities ance, Insurance, and Real Est	11
correspor Richa 9910	e and address to which	dressed:	e number	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	d address for this ack other than #4 above):			Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	