

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned Pursuant to Section 53-504, Idanio Code, the disconstruction of May 22 AM IO: 03

Please type or print legibly. NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the ur business is:	the state of the s
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name HUTCH SWAN	s) of the entity or individual(s) doing
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: HUTCH SWAN THE CAUS FO \$3300	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above): D. L. Evans Bunc P. O. Box 87	nt Phone number (optional): Secretary of State use only
Twin Falls IL 83303	TRAUS CEMPETANY OF OTATE
Signature: Auth Sura	夏 25/22/2001 09:00 CK: 953837 CT: 146788 BH: 398615
Printed Name: 1/VICH SULAN	1 0 20.00 = 26.00 ASSUM NAME # 2
Capacity: <u>OWNER</u>	95/22/2001 09:00 CK: 953837 CT: 146708 DH: 398615 1 0 20.00 = 20.00 ASSUM NAME # 2
(see instruction # 8 on back of form)	6