CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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 use(s) in the transaction of business is: HOFFMAN PARTNERSHIP 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name John R. Hoffman Box 569, Pinehurst, ID 83850 Robert C. Hoffman IZIZ Greenferry Rd., CDA, ID 83814 213 Emerald Dr., Kellogg, ID Joseph J. Hoffman Box 569, Pinehrust, ID 83850 Barbara L. Hoffman Box 280042, Polebridge, MT 59928 Deborah J. Kaufman 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Construction Services 784-8153 4. The name and address to which future Phone number (optional): _ correspondence should be addressed: Hoffman Partnership Submit Certificate of Assumed Business 100 E. Riverside Avenue Name and \$20.00 fee to: Kellogg, ID 83837 Secretary of State 700 West Jéfferson 5. Name and address for this acknowledgment Basement West PO Box 83720 / / CODY IS (if other than # 4 above): Boise ID 83720±0080 Evans, Keane 208 334-2301 P. O. Box 659 Secretary of State use only Kellogg, ID 83837 IDAHO SECRETARY OF STATE Revision 02/10/2000 09:00 CK: 13098 Cf: 7308 BH: 288903 Signature:// 1 # 20.06 = 20.08 ASSUM NAME # 2 Robert C. Hoffman Printed Name:)32926 Partner Capacity:

(see instruction # 8 on back of form)