



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned
submits for filing a certificate of Assumed Business Name

2003 DEC -3 AM 8:42

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Anderson EFI

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Adam Anderson

Complete Address

602 S. Highbee Idaho Falls, ID 83401

3. The general type of business transacted under the assumed business name is:

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

4. The name and address to which future correspondence should be addressed:

602 S. Highbee
Idaho Falls, ID 83401

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 524-1948

Signature: Adam Anderson

Printed Name: Adam Anderson

Capacity: OWNER

(see instruction # 8 on back of form)

g:\corporate\labn\formstabn.p65
Revised 01/2001

IDaho SECRETARY OF STATE
12/03/2003 05:00
CK: 1987 CT: 158019 BH: 714611
1 @ 25.00 = 25.00 ASSUM NAME # 2

071084