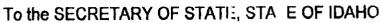
CERTIFICATE OF ASSU AFD BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



Pursuant to Section 53-504, Ida to Code, the undersigned gives notice of adoption of an A sumed Business Name.



1.	The assumed business name which the ubusiness is:	ınder	signed	d use	(s) in the transac	<u>ક</u> ્	FILE
	J.E. LOGGING				<u> </u>	S S	<u>— in</u>
2.	The true name(s) and business address(s) business under the assumed business na Name	es) of Ime is	the e s/are:		or individual(s) displete Address	20 AM S	0
	JAMES F FIDREDGE	РО	вох	1146	5		
		MCC	ALL	ID	33638		<u> </u>
3.	The general type of business transacted (mark only those that apply)	ral type of business transacted under the assumed business name is:					
	Retail Trade Manua sturi Wholesale Trade Agriculture Services Construction	•			nsportation and f ance, Insurance, ing		
4.	The name and address to which future correspondence should be addressed:	Pho	ne nu	ınb ər	(optional):		
	JAMES E ELDREDGE				Submit Certificat		
	PO BOX 1146				Assumed Busine Name and \$20.0		
	MCCALL ID 83638				Secretary of Sta		
5	Name and address for this ackrowledgm	er			700 West Jeffers Basement West		
J.	COPY IS (if other than # 4 above):				PO Box 83720		
	P.O. BOX 1067 McCALL, ID 83638				Boise ID 83720- 208 334-2301	UUUU	٧.
				· · · · · · · · · · · · · · · · · · ·	Secretary of State IBMM SECRETARY OF ST	use only TATE	

85/28/1999 89:88 CX: 89889 CX: 114963 BH: 216478

D26148

Signature:_ Printed Name:

Capacity: (see instruction # 8 on back of form)