CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instruction 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 ^{3:} 03			
1.	The assumed business name which the ur business is:	STATE OF IDAHO	
	SNAKE RIVER POINTING LABS	e stateliki	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
	Name MAX FOWLER	Complete Address 706 South RIVER DRIVE, HEYBURN, IDAHO	
	KAREN FOWLER	706 SOUTH RIVER DRIVE, HEYBURN, IDAHO	
	JUSTIN FOWLER	525 SOUTH 300 WEST, HEYBURN, IDAHO	
 Agriculture Wholesale Trade Agriculture Finance, Insurance, and X Services Construction Mining 4. The name and address to which future correspondence should be addressed: 			
	MAX FOWLER	Submit Certificate of	
	706 SOUTH RIVER DRIVE	Assumed Business Name and \$20.00 fee to:	
	HEYBURN, IDAHO 83336	Secretary of State	
5.	. Name and address for this acknowledgm copy is (# other than # 4 above): DONALD J. CHISHOLM	700 West Jefferson	
	P.O. BOX 1118	Secretary of State use only	
Signa		IDANO SECRETARY OF STATE 5 009/26/20000 009 + 000 009 + 000 009 + 000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 0000 00000 0000 <t< th=""></t<>	
Printe Capa	ed Name: <u>DAREN</u> FowLEP icity: <u>Partner</u> (see instruction # B on back of form)	D 39268	