CERTIFICATE OF ASSUMED BUSINESS NAMEFILE (Please type or print legibly) 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 ARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: **Heundersigned**			
		The true name(s) and business address(e business under the assumed business names and the second secon	Complete Address
		Pater 7 Oxley	POBOX 42 Lether 10 83636
Peter R. Oxley Kathi M. Oxley	2000 Begland, Letha, 10 83636		
3. The general type of business transacted (mark only those that apply) Retail Trade Manufacture Agriculture Services Construction 4. The name and address to which future correspondence should be addressed: Heundersigned attn: Peter Ox Po Box 42 Letha, 10 83636 5. Name and address for this acknowledge copy is (if other than # 4 above): Same as # 4	Transportation and Public Utilities Finance, Insurance, and Real Estate on Mining Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301		
-M MAN	Secretary of State use only IBAHO SECRETARY OF STATE BE 12/24/1998 139 139 139 139 139 139 139 139 139 139		
Printed Name: Peter R. Oxley Capacity: Co-Owner (see instruction # 8 on back of form)	1 0 20.00 = 20.00 ASSUM HAME 1 0 20.00 = 20.00 ASSUM HAME		
(see instruction # 6 on black or form)			