

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.

2004 MAY 14 AM 8: 56

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

Contr	ract Admin Resources
The true name(s) and business address business under the assumed business Name	ess(es) of the entity or individual(s) doing is name: Complete Address 1602 W Main St., Sandpoint, ID 83864-2110
	rtation and Public Utilities
Services Agricultu Manufacturing Mining Finance, Insurance, and Real E	ure Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed. Mary Ann Rowe 	
1602 W Main St Sandpoint, ID 83864-2110	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment Phone number (optional): 208-255-1037
	Secretary of State use only
nature: (signature required) nted Name: Mary Ann Rowe	S000/PODPES.NeW IDAHO SECRETARY OF STATE
Oacity/Title: Owner (see instruction # 8 on back of form)	gd =

05/14/2004 05:00 CK: 1535 CT: 158818 BH: 745849 1 25.88 = 25.88 ASSUM NAME # 2

