

CERTIFICATE OF ASSUMED BUSINESS NAME

(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.

FEB 21 2 52 PM



SECRETARY OF STATE
STATE OF IDAHO

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

HPC

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

THOMAS H. LYNCH 1404 BURNETT DR NAMPA ID
83651

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

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

THOMAS H. LYNCH
1404 BURNETT DR
NAMPA, IDAHO 83651

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 02/21/1997

0900 66244 2

CK #: CASH CUST# 76972

ASSUM NAME 1@ 20.00= 20.00

: D

Signature: Thomas H. Lynch

Printed Name: THOMAS H. LYNCH

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/97

g:\corpform\slain.pms