



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2005 MAY 12 AM 9:09

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Control, Power, Maintenance Electric

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

Name

Complete Address

Debra Marie White

20735 Hillcrest, Greenleaf, ID 83626

Douglas Scott White

20735 Hillcrest, Greenleaf 83626

3. The general type of business transacted under the assumed business name is:

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

Submit Certificate of
Assumed Business
Name and \$25.00 fee to: —

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
— 208 334-2301

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

C.P.M Electric/Debra White
20735 Hillcrest
Greenleaf, ID 83626

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

Phone number (optional):

208-402-0091

Signature: Debra M White
(Signature Required)

Printed Name: Debra White

Capacity/Title: Owner

(see instruction # 8 on back of form)

Secretary of State use only

9-korp/formation forms labn p85
Revised 04/2003

IDAHO SECRETARY OF STATE
05/12/2005 05:00
CK: 3242 CT: 158010 BH: 810047
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 87726