

Capacity/Title: Managen

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

2003 AUG 21 AM 9: 11

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

STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The true name(s) and <u>business</u> add business under the assumed busine	dress(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
StevenPemberton	20192 Locust Hill Dr, Greenleaf, JD 836
Dennis Brobeck	P.O. Box 312, Green leaf, ID 83636
3. The general type of business trans	acted under the assumed business name is:
Wholesale Trade Cons	Name and \$20.00 fee to: ture Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknown copy is (if other than # 4 above):	wledgment Phone number (optional): 208-459-8944
	Secretary of State use only