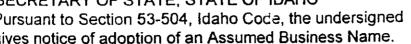
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned





	gives notice of adoption of an Assumed Dusiness Name.		
	The assumed business name which the undersigned use(business is:		
	Production of Morth Idaho	STATE UF IDAHO	
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:		
		olete Address Cark Lane Post Falls,	
		854	
		·	
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)		
-		nsportation and Public Utilities nce, Insurance, and Real Estate ng	
4.	The name and address to which future correspondence should be addressed:		
	David Whitehead 1509 E. Pack Lane	Submit Certificate of Assumed Business Name and \$20.00 fee to:	
	Post Falls JO 83854	Secretary of State	
5.	Name and address for this acknowledgment	700 West Jefferson / Basement West PO Box 83720	
	COpy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301	
	<u> </u>	Secretary of State use only	
		IDANO SECRETARY OF STATE	

Signature: Larry 1/1/h Printed Name: <u>OAUID</u> Whitehead

Capacity: OUNCE

(see instruction # 8 on back of form)