



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 Business Name.

4/27/99

FILED

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

SIRIUS ENERGY PRODUCTS

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

Name

Complete Address

Philip HAZARD

8355 W. Thunder mtn Dr
Boise, ID. 83709

SUZANNE HAZARD

8355 W. Thunder mtn Dr.
Boise, ID. 83709

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

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" 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: Phone number (optional): _____

Philip HAZARD and

SUZANNE HAZARD

8355 W. Thunder mountain Dr.

Boise, Idaho, 83709

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

05/27/1999 09:00
CK: CASH CT: 116186 BH: 220671

1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: Philip HAZARD

Printed Name: Philip HAZARD

Capacity: OWNER

(see instruction # 8 on back of form)

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