



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2002 MAR -6 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

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

T.O.P.S.

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

Name

Clarence R. Covington

Kristin L. Covington

Complete Address

9401 W. Rodda Mill St. Boise, ID. 83709

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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 type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

Clarence R. Covington

9401 W. Rodda Mill St.

Boise, Idaho 83709

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

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

Phone number (optional):

208-323-4437

Signature: Clarence R. Covington

Printed Name: CLARENCE R. COVINGTON

Capacity/Title: Owner / Operator

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\form\albn form\albn.pdf
Revised 01/2001

IDAHO SECRETARY OF STATE
03/06/2002 05:00
CK: 6445 CT: 150010 BH: 450160
1 @ 20.00 = 20.00 ASSUM NAME # 2

D 52457