

Capacity/Title:

Principal/CFO

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

10 MAR -5 AM 8: 24

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

DEANCO Manag	ement Gro	up		
The true name(s) and business address(es) of business under the assumed business name: Name DEANCO, Inc.		ntity or individual(s) doing Complete Address North 2nd Street Boise, ID 83702		
The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: DEANCO, Inc.		Utilities Submit Cert Assumed B	tificate of dusiness \$25.00 fee to: dary of State reet 20 20-0080	
411 North 2nd Street Boise, ID 83702	L.	(200) 334-23	01	٠.
5. Name and address for this acknowledgment copy is (if other than #4 above):	:			
		Secreta	ary of State use only	
ature: (signature required) Red Name: Brian Smith	mistabn formstatn pG5 vrised 04/2003		TRANSPORT TO THE PARTY OF THE P	STATE 35 : 00

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