

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

Pursuant to Section 53-504, Idah	no Code, the undersigned
gives notice of adoption of an As 1. The assumed business name which the und	
business is:	•
2. The true name(s) and business address(es business under the assumed business name) of the entity or individual(s) doing se is/are:
Leonard Chemman Fatricia L'Exerman	Complete Address 614 & Sentleven O Ct Barre SD 83706
The general type of business transacted un (mark only those that apply)	der the assumed business name is
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction 4. The name and address to which future Procorrespondence should be addressed:	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
Boin Il 83706	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	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
Signature: Salaicia Lisenman	12/08/1998 09:00 CK: 6401 CT: 107837 BH: 168350
Brintod Name: PT/ CT / T	1 9 20.00 = 20.00 ASSUM WAME # 2
Capacity: Owned	Oac
(see instruction # 8 on back of form)	