	CERTIFICATE OF ASSUN (Please type or print legibly. So To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idah	E OF IDAHO  To Code, the undersigned	
gives notice of adoption of an Assumed Business Name.  1. The assumed business name which the undersigned use(s) in the transaction of business is:			
	ECOsmarte Cascades		
2.	<ol> <li>The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:</li> </ol>		
	Name Complete Address		
		314-B WARNER AVENUE, LEWISTON, ID 83501	
	CHERIE K. DODD 8	314-B WARNER AVENUE, LEWISTON, ID 83501	
3.	The general type of business transacted under the assumed business name is:     (mark only those that apply)		
,	Retail Trade Manufacturing  Wholesale Trade Agriculture  Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining	
4.	4. The name and address to which future Phone number (optional): _208-746-4597 correspondence should be addressed:		
	John & Cherie Dodd	Submit Certificate of	
	D. O. Boy 2016	Assumed Business	
	P. O. Box 2016	Name and \$20.00 fee to:	
	Lewiston, ID 83501	Secretary of State 700 West Jefferson	
5.	Name and address for this acknowledgmen		
	COPY is (if other than # 4 above):	PO Box 83720	
		Boise ID 83720-0080 208 334-2301	
		Secretary of State use only IDAHO SECRETARY OF STATE	
		10/46 /1000 00-00	
		18/06/1999 09:00 CK: 1866 CT: 121383 BH: 255935	
Signat	ture: Struktlikk	1 @ 28.80 = 28.80 ASSUM NAME # 2	

Printed Name: John H. Dodd/Cherie K. Dodd

Capacity: Owners

(see instruction # 8 on back of form)

D29779