

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



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.

88 NOV -9 PM 2:20
STATE
COUNTY OF IDAHO

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

T-N-T

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
TOM WRAY	2798 BUCKBRUSH CIR TWIN FALLS ID 83301

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

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

D.L. EVANS
215 BLUE LAKES BLVD
TWIN FALLS ID 83301

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

IDAHO SECRETARY OF STATE
Secretary of State use only
11/09/1998 09:00
CK: 963849 CT: 24885 BH: 160161
1 @ 20.00 = 20.00 ASSUM NAME # 2

Signature: [Signature]
Printed Name: TOM WRAY
Capacity: OWNER

(see instruction # 8 on back of form)

Revision 2/97
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