



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on back of form.)

FILED/EFFECTIVE

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.

APR 15 AM 10:47
DEPT. OF REVENUE
STATE OF IDAHO

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

Hamilton Products

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

| <u>Name</u> | <u>Complete Address</u> |
|--------------------------|--|
| <u>Clint H. Hamilton</u> | <u>12601 N Laramie Pocatello, ID 83202</u> |
| <u>Lee Ann Hamilton</u> | <u>" "</u> |

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

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Retail Trade | <input checked="" 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 type="checkbox"/> Construction | <input type="checkbox"/> Mining |

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

Phone number (optional): 208-237-3395

Hamilton Products
12601 N Laramie Ln
Pocatello, Idaho 83202

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

[Signature]

Signature: Clint Hamilton

Printed Name: Clint Hamilton

Capacity: Sole proprietor
(see instruction # 8 on back of form)

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

Secretary of State use only

Revision 12/98

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IDAHO SECRETARY OF STATE
04/15/2002 05:00
CK: 10245 CT: 150010 BH: 459354
1 @ 20.00 = 20.00 ASSUM NAME # 2

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