CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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. 1. The assumed business name which the undersigned to business is: dstrom limber Falling 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Darell E Li Horseshoe Bend 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Construction Mining Services 4. The name and address to which future Phone number (optional): _ correspondence should be addressed: 90 BOX 48 Submit Certificate of Assumed Business Horseshoe Bend, Id. Blox Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 ROBOX 45 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **05/29/1998 09:00** CK: 1241 CT: 99407 BH: 115884 1 8 28.88 = 28.88 ASSUM WARE Printed Name: Darell E Lind D15388 (see instruction # 8 on back of form)