CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAL Pursuant to Section 53-504, Idaho Code, the undersig gives notice of adoption of an Assumed Business Name 10: 53 1. The assumed business name which the undersigned use(s) in the transaction of business is: business is: 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 Name

	Allau R. Whittekiend	Box HI dell, 7	1, 7D 83355		
3.	The general type of business transacted und (mark only those that apply)	der the a	assumed busi	ness name is:	
	□ Retail Trade □ Manufacturing □ Wholesale Trade □ Agriculture □ Services ☒ Construction		•	on and Public Uurance, and Rea	
4.	The name and address to which future correspondence should be addressed:	none nui	mber (optional)		
	PO BOX HH8		Assume	Certificate of od Business and \$20.00 fee to:	!
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	t	700 We Baseme PO Box	ry of State st, Jefferson ent West 83720 / 0 83720-0080 2301	**************************************
			Secreta	ry of State use only	

Printed Name: HIAN (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

02/61/2000 09:00 CT: 126848 BH: 286383

28.88 * 20.00 ASSUM NAME # 2

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