



CERTIFICATE OF ASSUMED BUSINESS NAME

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

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.

FEB 17 PM 2:24

STATE OF IDAHO

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

Strip Pipe

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
<u>Dan Nogara</u>	<u>445 2nd Ave. South Twin Falls, ID 83301</u>
<u>Robert Lange</u>	<u>445 2nd Ave. South Twin Falls, ID 83301</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 checked="" 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): _____

Dan Nogara
445 2nd Ave. South
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

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

Signature: [Signature]

Printed Name: Dan Nogara

Capacity: General Partner
(see instruction # 6 on back of form)

IDAHO SECRETARY OF STATE
Secretary of State Use Only

02/17/2000 09:00
CK: 2144 CT: 126929 BH: 291329

1 @ 20.00 = 20.00 ASSUM NAME # 2

D33202

Revision 1/89
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