	CERTIFICATE OF	ASSU	MED BUSINESS NAFELED
	the SECRETARY OF STATE, S Pursuant to Section 53-504, option of an Assumed Business N	ldaho Cod	IDAHO 98 JAN 22 AM 9:00 le, the undersigned gives notice of STATE STATE OF IDAHO
1.	The assumed business name who business is:	nich the ur	ndersigned use(s) in the transaction of
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	ų	Address
	AQUA CONTROL, INC.	. 5	20 Scott Avenue, P.O. Box 101
			upert, ID 83350
4.	The name and address to which correspondence should be addressed: Aqua Control, Inc.		
	P. O. Box 101, Rupert, ID 83350		
		Signed _A By Capacity_	President
	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to	<b>D</b> :	Customer #
	Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080		Secretary of State use only IDAHO SECRETARY OF STATE 01/22/1998 09:00 CK: 5170 CT: 4547 BH: 74995 1 8 20.80 = 20.00 ASSUM NAME
			D 11408