

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(es)	
business under the assumed business name Name Ellsworth Holm	of the entity or individual(s) doing e: Complete Address 356 E Appleway
	Coeur d'Alene, ID 83814
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Al Holm 6031 Frazier Drive Post Falls, ID 83854	der the assumed business name is: and Public Utilities 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 acknowledgmer copy is (if other than # 4 above):	nt Phone number (optional):
	Secretary of State use only
gnature: (signature required) rinted Name: Ellsworth Holm	11/25/2002 05:00 CK: 1209 CT: 158010 BH: 64776
anacity/Title: Owner	IDAHO SECRETARY OF STATE 11/25/2002 05:00

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