CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO FILED/EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned AM 9: 10 gives notice of adoption of an Assumed Business Name.

The assumed business name which the u business is:	Assumed Business Name. ndersigned use(s) in the Pape provision of
Technical Resources G	
2. The true name(s) and business address(e business under the assumed business name Name Tom Clawson Celeste Clawson	es) of the entity or individual(s) doing me is/are: Complete Address 3825 Wanda St. Idaho Falls, 83406 3825 Wanda St. Idaho Falls, 83406
The general type of business transacted u (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
 The name and address to which future F correspondence should be addressed: 	Phone number (optional):
3825 Wanda St. Ammon, Id 83406	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature:	IDANO SECRETARY OF STATE 95/11/2001 99:00 CK: 4529 CT: 146271 BH: 396612
Printed Name: Tom Clauson	1.6.00.00
Capacity: Owner (see instruction # 8 on back of form)	D45247