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JUN 24 AM 9:38

STATE OF IDAHO

NOTE: See Instructions on reverse before filing.

- business is: Keiths Hand Cleaner

- | Name | Complete Address |
|-----------------|--------------------------------------|
| Keith L. Wilson | 1337 Overland Ave. Durley, Id. 83318 |
| | |
| | |

- ☒ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☒ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate
- Submit
 Assume
 Name:

- Keiths Hand Cleaner
1337 Overland Ave
Burley, Idaho 83318

- 208 678-2671

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

John P. [Signature]
(signature required)

Edna S. Wilson

CO-OWNER

Acceptance for formation 065
 2-1-1994 065000

D 77611

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, **KEITH L. WILSON**, a resident of Burley, Minidoka County, Idaho, being the undersigned, do hereby make, constitute and appoint **EDNA S. WILSON** as my true and lawful attorney in fact for me and in my name, place and stead, giving unto the said **EDNA S. WILSON** full power to do and perform all and every act that I may legally do through an attorney in fact, granting unto her that power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which **KEITH L. WILSON** shall lawfully do or cause to be done by her by virtue of the power herein conferred.

This is a durable power of attorney and shall remain in full force and effect until the time of my death unless otherwise terminated by me, in writing. This power of attorney shall not be affected by subsequent disability or incapacity of **KEITH L. WILSON**.

DATED this 25th day of March, 2004.

Keith L. Wilson
Keith L. Wilson

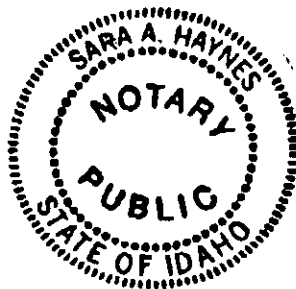
STATE OF IDAHO)

ss.

County of Cassia)

On this 25th day of March, 2004, before me the undersigned, a Notary Public in and for said State, personally appeared Keith L. Wilson known or identified to me to be the person whose name is subscribed to the within and foregoing instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



Sara A. Haynes
NOTARY PUBLIC FOR IDAHO

Residing at: Minidoka

My Commission Expires: 2/23/06