FILED EFFECTIVE

227

CERTIFICATE OF ASSUMED BUSINESS NAME

2004 JUN 24 AM 9:38

SECRETARY OF STATE
STATE OF IDAHO

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.

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

   Keiths Hand Cleaner

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name	Complete Address
Keith L. Wilson	1337 Overland Ave. Burley Id. 83318

3. The general type of business transacted under the assumed business name is:

- [x] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [x] Manufacturing
- [ ] Finance, Insurance, and Real Estate
- [ ] Transportation and Public Utilities
- [ ] Construction
- [ ] Agriculture
- [ ] Mining

Submit Certificate of Assumed Business Name and **$25.00** fee to:

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

4. The name and address to which future correspondence should be addressed:

   Keiths Hand Cleaner
   1337 Overland Ave
   Burley, Idaho 83318

Phone number (optional): 208 678-2671

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

Signature: Edna S. Wilson (signature required)

Printed Name: Edna S. Wilson

Capacity/Title: Co-owner

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
06/24/2004 05:00
CK: 62495103423KAH CT: 172099 BH: 752189
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 77611

2004 JUN 24 AM 8:
STATE OF IDAHO

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

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 STATE OF IDAHO

NOTARY PUBLIC FOR IDAHO
Residing at: Minidoka
My Commission Expires: 2/23/06