



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED/EXECUTIVE

2002 JUL 31 AM 9:05

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:

Engberg & Way

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

Name
Raymond Way
SKIP ENGBERG

Complete Address

245 ORCHARD AVE EDEN, ID.
P.O. BOX 522 TWIN FALLS 83303-0522

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

245 ORCHARD AVE
EDEN, ID. 83325

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

DL Evans Bank Attn: Chelsey
PO BOX 87
TWIN FALLS ID 83303-0087

Signature: Raymond P Way

Printed Name: Raymond P Way

Capacity/Title: Co-Owner

(see instruction # 8 on back of form)

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

Phone number (optional):

825-5508

Secretary of State use only

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07/31/2002 05:00
CK: 2733 CT: 150010 BH: 400029
1 @ 20.00 = 20.00 ASSUM NAME # 2

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