



CERTIFICATE OF ASSUMED BUSINESS NAME

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.

FILED EFFECTIVE

2007 JAN 29 AM 10:21

SECRETARY OF STATE
STATE OF IDAHO

Preferred

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

Hawkins Family Properties

or "H.F.P."

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

Dale Hawkins

P.O. Box 309 Fernwood ID

83830

Debra Hawkins

P.O. Box 309 Fernwood ID

83830

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 checked="" type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input 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:

HFP

P.O. Box 309

Fernwood ID. 83830

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

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

Phone number (optional):

208-245-6633

Secretary of State use only

Signature: Dale Hawkins

Printed Name: Dale Hawkins

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corp\forms\labn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
01/29/2007 05:00
CK: 2966 CT: 209837 BH: 1029275
1 @ 25.00 = 25.00 ASSUM NAME # 2

D107634