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

	To the SECRETARY OF STATE, STATE Pursuant to Section 53-504, Idaho gives notice of adoption of an Assi	Cod	le, the undersigned
	gives notice of adoption of an Alos	u	- 24011,000 / 1411.141
	The assumed business name which the under	ersigi	ned use(s) in the transaction of
	business is: POWER Dump Com		
2.	The true name(s) and business address(es)	of the	e entity or individual(s) doing
	business under the assumed business name <u>Name</u>	: IS/a	Complete Address
	Lynne D. Wing 24	1 7a	W. Forecast St, Meridian Id 83642
3.	The general type of business transacted und	ler th	e assumed business name is:
	Retail Trade		Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future correspondence should be addressed:	one	number (optional):
	2472 W. Forecost St		Submit Certificate of
	Meridian Id 83642		Assumed Business Name and \$20.00 fee to:
5.	Name and address for this acknowledgment copy is (if other than # 4 above):	t	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
			Secretary of State use only
		12/99	IDANO SECRETARY OF STATE
Signat	une: Lemno) D. Winh	Revision 12/99	01/02/2001 09:00 CK: CASH CT: 146291 BH: 378268
-	d Name: LYNNE D. WING	90 be	1 @ 20.00 = 20.00 ASSUM HAME # 2

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Capacity: OWNER

(see instruction # 8 on back of form)

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