CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned 1. The assumed business name which the undersigned use(s) in the transaction of business is: OF ADAMON WIRE - MA - JIGS 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name STACI SEDLACEK P.O. BOX 838 CASCADE ID B3611 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Agriculture Wholesale Trade Finance, Insurance, and Real Estate Minina Services Construction 4. The name and address to which future correspondence should be addressed: Submit Certificate of STACI SEDLACEK Assumed Business Name and \$20.00 fee to: PO BOX 838 Secretary of State CASCADE ID 83611 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 CODV is (if other than # 4 above): Boise ID 83720-0080 SAME AS # 4 208 334-2301 Secretary of State use only

Signature: Has Sedlacet

Printed Name: STACI SEDLACEK

(see instruction # 8 on back of form)

Capacity:

IDAHO SECRETARY OF STATE

08/29/2003 05:00

CK: 2447 CT: 158819 BH: 699828
1 8 25.00 = 25.00 ASSIM MARK #

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