Capacity:

President

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of the DEFFECTIVE)

Assumed Business Name.
undersigned use(s) in the transaction of
es) of the entity or individual(s) doing ame is/are:
Complete Address Post Office Box 3395
Hailey, ID 83333
under the assumed business name is: ing Transportation and Public Utilities
Finance, Insurance, and Real Est n Mining Phone number (optional): (208) 726–1700
Submit Certificate of Assumed Business Name and \$20.00 fee to:
Secretary of State 700 West defferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Secretary of State use only 1DAHO SECRETARY OF STATE 62/18/2000 09:00 CK: 3522 CT: 94558 BH: 291610
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