



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2005 FEB 18 AM 9:06

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

Jameson Smith Company

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

Don J. Lowby

1000 E. 10th St.

HCR 61 Box 250

Bozeman Ferry, ID 83825

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 checked="" type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

JAMESON
Jameson Smith Company
HCR 61 Box 250
Bozeman Ferry, ID 83825

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

Don J. Lowby
HCR 61 Box 250
Bozeman Ferry, ID 83825

Phone number (optional):

Payment of 25.00 money order
08-069290868 2/16/05

Secretary of State use only

Signature: Don J. Lowby
(signature required)

Printed Name: Don J. Lowby

Capacity/Title: Owner

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
02/18/2005 05:00
CK: 69290068 CT: 150010 BH: 794053
1 @ 25.00 = 25.00 ASSUM NAME # 2

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