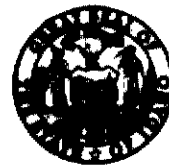


CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)



To the SECRETARY OF STATE, STATE OF IDAHO 98 MAR 12 AM 10:35
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name of STATE OF IDAHO

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

PURE-FLO

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name	Complete Address
<u>Michael D. Hoffner</u>	<u>PO Box 2989</u>
	<u>OROFINO, ID. 83544</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

PURE-FLO
PO Box 2989
OROFINO, ID. 83544

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

Signature: Michael D. Hoffner

Printed Name: Michael D. Hoffner

Capacity: Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

03/12/1998 09:00
CR: 1547 CT: 95617 BH: 90173

1 @ 20.00 = 20.00 ASSUM NAME

012982

Revision 2/97

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