

Capacity/Title: Partner

(see instruction #8 on back of form)

## CERTIFICATE OF FILED EFFECTIVE ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned JUN -9 AM 9: 06

submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:      L.C. PAHR CANVAS	
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Linda Pahr Bergerson  Carolyn Shada  4749	Complete Address
3. The general type of business transacted under the	assumed business name is:
Retail Trade Transportation and Positive Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  L.C. Pahr Canvas Company P.O. Box 1887  Ketchum 1D 83340	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	Phone number (optional):
	Secretary of State use only
gnature: Was Pracyson (sognature required) Inted Name: Linda P. Bergerson (special parts)	

IDAHO SECRETARY OF STATE 66/09/2004 05 # 00 CK: 2382 CT: 158818 BH: 749483 1 8 25.88 = 25.88 ASSUM MANE #