

FILED/EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

MAR 25 11:32 AM
STATE OF IDAHO

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

NORIDA EQUIPMENT

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

MISSION HOLDINGS CORPORATION 6431 SOUTH MAIN STREET BONNERS FERRY, ID 83805
C134350

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 checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input checked="" 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): 1-208-267-5411

ROBERT MICHAEL

P.O. BOX 1875

BONNERS FERRY, ID 83805

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

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

Signature: Robert M. Michael

Printed Name: ROBERT M. MICHAEL

Capacity: PRESIDENT

(see instruction # 8 on back of form)

SECRETARY OF STATE

03/28/2001 09:00
CK: 7110 CT: 132110 BH: 307519

1 @ 20.00 = 20.00 ASSUM NAME # 4

D43892

Revision 12/98

SECRETARY OF STATE