CERTIFICATE OF

ASSUMED BUSINESS NAMEN 2: 05
Pursuant to Section 53-504, Idaho Code the undersigned submits for filing a certificate of Assumed Business Name

Please type or print legibly.

1. The assumed business name which the unbusiness is:	
2. The true name(s) and business address(ex business under the assumed business name Name Name	s) of the entity or individual(s) doing me: Complete Address ER & Box Soc Pochfello Iclaho 83202
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: MATTHEN WILLARD RRG Box STO POCATORIO Idaho 63702	Secretary of State 700 West Jefferson Basement West PO Box 83720 Bolse ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	Phone number (optional):
	Secretary of State use only
inted Name: MATCH WILLARD	IDAHO SECRETARY OF STATE
(see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 08/21/2003 05 = 0 CK: 2761949952 CT: 158010 BH: 6 1 @ 25.00 = 25.00 ASSUM NAME

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