



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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

2004 DEC -2 AM 9:36
SECRETARY OF STATE

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

Idaho Cylinder Head Exchange

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
<u>Steve Berardinelli</u>	<u>2909 Hwy 95, Cambridge, ID. 83610</u>
<u>Bernice Berardinelli</u>	<u>2909 Hwy 95, Cambridge, ID. 83610</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input 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:

Idaho Cylinder Head Exchange
P.O. Box 40
Cambridge, ID. 83610

Phone number (optional):

(208) 257-3614

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

Signature: Bernice Berardinelli
(signature required)

Printed Name: Bernice Berardinelli

Capacity/Title: owner
(see instruction # 8 on back of form)

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Revised: 04-23-03

Secretary of State use only

IDAHO SECRETARY OF STATE
12/02/2004 05:00
CK: 4172 CT: 158018 BH: 779471
1 @ 25.00 = 25.00 ASSUM NAME # 2

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