

Capacity: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

01 OCT -1 AH 9: 13 SECRETARY OF STATE STATE OF TOAHO

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

The assumed business name which the undersign business is: Powerhouse. Performan	
	entity or individual(s) doing <u>Complete Address</u> <u>5226 Chinden Blvd.</u> arden City, ID 83714
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Elvira M. Williams 5226 Chinden Boulevard Garden City, ID 83714	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 · 375 · 7298
Signature: Wishams Printed Name: Elvira M. Williams	IDANO SECRETARY OF STATE 10/01/2001 05:00 CK: COSH CT: 151876 PM: 421767

1DAHO SECRETARY OF STATE 10/01/2001 05:00 CK: CASH CT: 151876 BH: 421767 1 8 20.00 = 20.00 ASSUM NAME # 2