T-150 P.001/002 F-349

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO FILED/EFECTIV

Pursuant to Section 53-504, Idaho Code, the undersigned, 27 AM 8: 26

/	dustrial Rapair
2. The true name(s) and business address(es business under the assumed business name Name Larry E. Porter Madge Porter	s) of the entity or individual(s) doing me is/are: Complete Address 5 294 W. S.K., Wiew Or, Tocale
3. The general type of business transacted unterminate (mark only those that apply) Retail Trade Manufacturing Manufacturing Mholesale Trade Agriculture Construction 4. The name and address to which future procorrespondence should be addressed:	
For Jer Ski Wew Dro Poca Tello, Td. 83204 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

1 9 20.00 = 20.00 ASSUM NAME # 2

(see instruction # 8 on back of form)

Capacity: