CERTIFIC	ATE OF ASSU	MED BUSINESS NAME
		IDAHO le, the undersigned gives notice
1. The assumed business name which the undersigned use(s) in the transaction of business is:		
maupin Welding		
	and business address(e assumed business nar	s) of the entity or individual(s) doing ne is/are:
Declane!	me Maupin 8	342 N. Hwy. 33, Rexburg, ID 8440
3. The general type of	7	nder the assumed business name is:
4. The name and address to which correspondence should be addressed: Dechane Maupin Maupin Welding P.O. Box 32 Rexburg, ID 83440		
· t	ed _	De Lane Maupin
	Ву	
	Capacity_	owner
Submit Certificate o Business Name and		Customer #
Secretary of State 700 West Jefferson PQ Box 83720 Boise ID 83720-008	0	Secretary of State use only IDAHD SECRETARY OF STATE DATE 05/14/1997 0900 92584 2 CK #: 9314 CUST# 81400 RSSUM NAME 18 20.00= 20.00

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