

FILED

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO
Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name of IDAHO



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

MEDMAN PARTNERSHIP

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Complete Address

BRIAN M. JORGENSEN

P O BOX 1706, HAYDEN, ID 83835

BARRY W. FEELY

P O BOX 1706, HAYDEN, ID 83835

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)



Retail Trade



Manufacturing



Transportation and Public Utilities



Wholesale Trade



Agriculture



Finance, Insurance, and Real Estate



Services



Construction



Mining

4. The name and address to which future correspondence should be addressed:

Phone number (optional): _____

MEDMAN PARTNERSHIP

P O BOX 1706

HAYDEN, ID 83835

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

MOUNTAIN WEST SAVINGS BANK, F.S.B.

P O BOX 1059 - 125 IRONWOOD DRIVE

COEUR D'ALENE, IDAHO 83816

Signature: _____

Printed Name: BRIAN M. JORGENSEN/BARRY W. FEELY

Capacity: PARTNER / PARTNER

(see instruction # 8 on back of form)

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

Secretary of State use only
IMND SECRETARY OF STATE

05/14/1998 09:00
CR: 25724 CT: 23003 IN: 110636

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/87

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