

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

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

2005 MAR 11 AM 9:20



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

MEDICINE TREE WOODWORKS

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

CURTIS EBERLE

MAIL
PO BOX 19, SANDPOINT, ID 83864

PHYSICAL
238 LARSEN RANCH LANE

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services | <input checked="" type="checkbox"/> Construction/
CABINRY | <input type="checkbox"/> Mining |

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

~~PO BOX~~ MEDICINE TREE WOODWORKS

PO BOX 19

SANDPOINT, ID 83864

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

Signature: Curtis Eberle

Printed Name: CURTIS EBERLE

Capacity: owner

(see instruction # 8 on back of form)

Secretary of State use only

Revision 2/97

g:\corp\forms\stn pms

IDAHO SECRETARY OF STATE
03/11/2005 05:00
CK: 1451 CT: 158818 BH: 798883
1 @ 25.00 = 25.00 ASSUM NAME # 2

D85476