

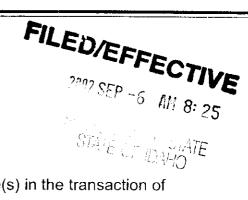
Capacity/Title: Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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



D57988

The assumed business name which the undersigned business is: North West Tron Works	ed use(s) in the transaction of
2. The true name(s) and business address(es) of the obusiness under the assumed business name: Name Lhn C. Rerch (husband) Sandra K. Lockhart (wife) Csb	entity or individual(s) doing Complete Address Pox 410 urn , Iduno 83849
3. The general type of business transacted under the a Retail Trade Transportation and Pu Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: The Rich CR Sandra Lackhart PO Box 410 Osburn Tduho 83849 5. Name and address for this acknowledgment	
Signature: Signature (signature required) Printed Name: Sandra K Lockhart Signature K Lockhart Signature K Lockhart Printed Name: Sandra K Lockhart	Secretary of State use only IDAHO SECRETARY OF STATE 99/06/2002 95=00 CK: 1718 CT: 158810 BH: 486669 1 9 29.98 = 29.98 ASSUM NAME # 2