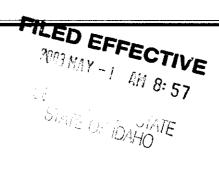


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



WIZARI	DWIRE.NET
The true name(s) and business address(e business under the assumed business name Name	me:
Name TRENNA J PETERSON	Complete Address 3700 E. CHINDEN BLVD., EAGLE, IDAHO 83616
JASON G PETERSON	3700 E. CHINDEN BLVD., EAGLE, IDAHO 83616
The general type of business transacted u	inder the assumed business name is:
	on and Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West
TRENNA PETERSON	PO Box 83720
3700 E. CHINDEN BLVD.	Boise ID 83720-0080 208 334-2301
EAGLE, IDAHO 83616	200 334-2301
5. Name and address for this acknowledgm	nent Phone number (optional):
COPY IS (if other than # 4 above).	208-939-4617
SAME	
	Secretary of State use only
nature: Nenna Stelesson (signature required) ted Name: TRENNA J PETERSON	IDAHO SECRETARY OF ST ### ### ### ### ### ###############
acity/Title:OWNER	9
(see instruction # 8 on back of form)	6 CK: 22815 CT: 158010 BH

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