

# 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.

99 FEB 11  
STATE OF IDAHO

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

NCL Partners, an Idaho General Partnersip

**FILED**

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
<u>Gary L. Voigt</u>	<u>P.O. Box 2044, Idah Falls, ID 83403</u>
<u>Doug Rooney</u>	<u>671 Cedar Ridge, Idaho Falls, ID 83404</u>
<u>Lana Rooney</u>	<u>671 Cedar Ridge, Idaho Falls, ID 83404</u>

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 checked="" type="checkbox"/> Finance, Insurance, and Real Estate |
| <input type="checkbox"/> Services        | <input type="checkbox"/> Construction  | <input type="checkbox"/> Mining   |

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

Bank of Eastern Idaho  
P.O. Box 1487  
Idaho Falls, ID 83403

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:

*[Signature]*

Printed Name:

Gary L. Voigt

Capacity:

General 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  
IDAHO SECRETARY OF STATE

02/12/1998 09:00  
CK: 3637 CT: 1049 BH: 81429

1 @ 20.00 = 20.00 ASSUM NAME

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Revision 2/97  
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