Capacity: OWNER

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FLED

CRETARY OF STATE STATE OF IDAHO.

<b>1330</b>	Pursuant to Section 53-504, Idaho gives notice of adoption of an Ass	o Code, the country of the country o	UG-5 AM IU-30 Indersigned Bass Name: STATE	
1. Th	he assumed business name which the und usiness is:	ersigned use	(s) in the transaction of	
	Interwest C. B.S.	ullion.		
2. Th	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
<del></del>	Name 7		nplete Address 00 N Kimberl y Id 83341	
<u> </u>		_	DON Kimberly Id 8341	
12	Chonda E / homan 32	700 F 700	N M RIMUNITY AND OUT	
•••				
3. Th	he general type of business transacted und (mark only those that apply)	der the assur	ned business name is:	
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction		nsportation and Public Utilities ance, Insurance, and Real Estate ing	
	The name and address to which future correspondence should be addressed:			
1	Interwest C.B.S.	j	Submit Certificate of	
£	OBOX 935		Assumed Business Name and <b>\$20.00</b> fee to:	
1	Cimberly Id 83341		Secretary of State	
	5. Name and address for this acknowledgment copy is (if other than # 4 above):		700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
*******			Secretary of State use only	
_		86/1 F	IDAHO SECRETARY OF STATE	
gnature	: Timory v Thomas	[æ Cì	08/09/1999 09:00 (: none CT: 119028 BH: 240606	
rinted N	lame: Timothy N Thoman		1 @ 20.00 = 20.00 ASSUM NAME # 2	
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