FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on other page.)

01 JUL 18 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

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.

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

   Carlson Trust, A Partnership

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
Kent E. Carlson	220 South Hansen Shelley, ID 83274

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

[ ] Retail Trade	[ ] Manufacturing	[ ] Transportation and Public Utilities
[ ] Wholesale Trade	[ ] Agriculture	[ ] Finance, Insurance, & Real Estate
[X] Services	[ ] Construction	[ ] Mining

4. The name and address to which future correspondence should be addressed:
   Kent E. Carlson
   220 South Hansen
   Shelley, ID 83274

Phone number (optional): _____

5. Name and address for this acknowledgement copy is (if other than #4 above):
   WELLS FARGO BANK NORTHWEST, N.A.
   BBG-BOISE LOAN OPERATIONS CENTER
   PO BOX 8203 (MAC #U1851-015)
   BOISE ID 83707-2203

Submit Certificate of
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: Kent E Carlson

Printed Name: Kent E. Carlson

Capacity: Owner: Management Consultant
(see instruction #8 on other sheet)

IDAHO SECRETARY OF STATE
07/18/2001 05:00
CK: 3352302348 CT: 50009 BH: 400515
1 @ 20.00 = 20.00 ASSUM NAME # 2

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