



CERTIFICATE OF ASSUMED BUSINESS NAME

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

206 JUN 26 AM 9:56

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

Wild Blue West

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

HIBEK, Inc.

(C-115632)

Complete Address

1805 13th St., PO Box 975, Lewiston, ID 83501

3. The general type of business transacted under the assumed business name is:

<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Agriculture
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Finance, Insurance, and Real Estate	

Submit Certificate of
Assumed Business
Name and **\$25.00** fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

HIBEK, Inc

PO Box 975

Lewiston, ID 83501-0975

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

Phone number (optional):

208-746-0804

Secretary of State use only

Signature:

(signature required)

Printed Name:

Ira B. Holst

Capacity/Title:

PRESIDENT

(see instruction # 8 on back of form)

06/26/2006 05:00
CK: 35158 CT: 104287 BH: 961874
1 @ 25.00 = 25.00 ASSUM NAME # 2