

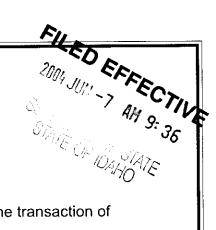
## CERTIFICATE OF ASSUMED BUSINESS NAME

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.

(see instruction # 8 on back of form)



2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
BENJAMIN C WAGSTAFF	PO BOX 870
	BELL DRIVE #4
	KETCHUM, ID 83340
<ul> <li>The general type of business transacted und</li> <li>Retail Trade</li> <li>Wholesale Trade</li> <li>Construction</li> </ul>	der the assumed business name is: and Public Utilities
Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
. The name and address to which future correspondence should be addressed:  BENJAMIN C WAGSTAFF  PO BOX 870  KETCHUM, ID 83340	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledgme copy is (if other than # 4 above):</li> </ol>	nt Phone number (optional):  208720-5108
	Secretary of State use only
nature: (signature regulired) nted Name: BEN C WAGSTAFF Dacity/Title: OWNER	IDAHO SECRETARY OF STATE  100000000000000000000000000000000000