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

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.

gives notice of adoption of an Assumed Edemos Pressure			
1. The assumed	business name which the undersi	gned use(s) in th	ne transaction of business is:
	ve Development		
The true name(s) and business address(es) of t business name is/are:     Name			ridual(s) doing business under the assumed  Complete Address
Palah I G	Ralph J. Goding 53 Crystal Loop, Sagle, ID 83860  Beverly E. Goding 53 Crystal Loop, Sagle, ID 83860		p, Sagle, ID 83860
			p, Sagle, ID 83860
(mark only  Retail Wholes  X Service	sale Trade  Agricultuces  Construction  ad address to which future	eturing ire ction	Transportation and Public Utilities Finance, Insurance, & Real Estate Mining Phone number (optional):
correspondence should be addressed:			Submit Certificate of
Cedar Grove Development P.O. Box 397			Submit Certificate of Assumed Business
Sagle, iD 83860			Name and \$20.00 fee to:
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		I.A.	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Printed Name: Capacity:	BEVERLY E G  Owner	Joding ODING es	

**INSTRUCTIONS** 

IDAHO SECRETARY OF STATE
12/05/2002 05:00
CK: 335286672 CT: 58889 BH: 649573
1 8 28.88 = 28.88 ASSUM NAME # 2