CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)	
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 National STATE OF IDAHO	
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is:</li> </ol>	
BRONSON WATER WELLS	
The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
Name HOMADD DHAME BRONCH	Complete Address
HOWARD DUANE BRONSN	P.O. BOX 1, SPIRIT LAKE, ID. 83869
ELLEN BRONSON	P.O. BOX 1, SPIRIT LAKE, ID. 83869
The general type of business transacted under the assumed business name is:     (mark only those that apply)	
Retail Trade	
POST OFFICE BOX 1	Submit Certificate of Assumed Business Name and \$20.00 fee to:
SPIRIT LAKE, IDAHO 83869	Secretary of State 700 West Jefferson
5. Name and address for this acknowledgme	ent Basement West
COPY is (if other than # 4 above).  GARY A. FINNEY, ATTORNEY AT LAN	PO Box 83720 Boise ID 83720-0080 208 334-2301
120 E. Lake St., Suite 317	
SANDPOINT, IDAHO 83864	Secretary of State use only
Signature: April Dum Br	IDAHO SECRETARY OF STATE DATE 04/17/1997 0900 83756 2
Printed Name: HOWARD DUANE BRONSON	CX #: 3606 CUST# 30773 ASSUM NAME 10 20.00= 20.00
Capacity: sole proprieter	ASSUM NAME 18 20.00= 20.00
(see instruction # 8 on back of form)	A Cooperation