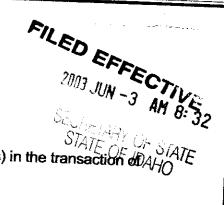


## CERTIFICATE OF ASSUMED BUSINESS NAME

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:	
Name Ralph c hartshorn	Complete Address 324 south main street,cascade idaho,83611
The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: 63 goslin loop,cascade idaho,83611	der the assumed business name is: and Public Utilities  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
Name and address for this acknowledgmen copy is (if other than #4 above):	t Phone number (optional): 382-4737
ture: flufth Capation required)	Secretary of State use only  Sovied 04/2003  Sovied 04/2003

IDAHO SECRETARY OF STATE 06/03/2003 05:00 CK: 4729 CT: 158010 BH: 683894 1 8 25.00 = 25.00 ASSUM NAME # 2

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