

CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

FILED



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.

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

J.P. WILSON COMPANY

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

<u>Name</u>	<u>Complete Address</u>
<u>JEROME CARTER WILSON</u>	<u>P.O. BOX 5472 TWIN FALLS ID 83301</u>
<u>ALICE FAYE WILSON</u>	<u>SAME</u>

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-733-8579

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

D.L. EVANS
ATTN: PENNY
P.O. BOX 87
TWIN FALLS ID 83303

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

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

Secretary of State use only

IDAHO SECRETARY OF STATE

04/26/1999 09:00
CK: 964919 CT: 1935 BH: 218485

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 25377

Signature: [Signature]

Printed Name: JEROME CARTER WILSON

Capacity: OWNER

(see instruction # 8 on back of form)