

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2004 SEP 13 AM 9: 56 SECRETARY STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

The assumed business name which the under business is:	
WOOD RIVER SOFT	WAPE ARE THE
 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: WADE CALLING LANDER POBOX 7089 Lefelium Jaalio & 3340 3. The general type of business transacted under the same address address (es) of business (es) of	Complete Address 5 P.O. Box 7089 Ketchicin, Idaho 53340 1918ast 10th Street Alo
•	nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Wal River of Huare, Inc. Attn: Wade Granings P.O.Box 7089, Ketchum, Tdaha	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208: 725-1890
	Secretary of State use only
Signature: (Signature required)	Name Secretary of State State
Printed Name: WADE GRANINGER Capacity/Title: ownar	1 8 25.00 = 25.00 ASSUN HAME # 2