



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2004 APR 16 AM 9:22

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

HARRIS-MANN CLIMATOLOGY

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

<u>Name</u>	<u>Complete Address</u>
<u>RANDY MANN</u>	<u>5774 N. TUDLOW DR. CO'A, ID 83815</u>
<u>CLIFF HARRIS</u>	<u>3867 N. FLAYER DR. CO'A, ID 83815</u>

3. The general type of business transacted under the assumed business name is:

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

4. The name and address to which future correspondence should be addressed:

HARRIS-MANN CLIMATOLOGY
P.O. BOX 1508
COEUR D'ALENE, ID 83816

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

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

Phone number (optional):

308 664 8734

Signature: _____

(signature required)

Printed Name: _____

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

075406

IDAHO SECRETARY OF STATE
04/16/2004 05:00
CK: 1033 CT: 178425 BH: 739638
1 @ 25.00 = 25.00 ASSUM NAME # 2