## CERTIFICATE OF ASSUMED BUSINESS NAMEFILE (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAMOJAN 14 AM 10: 10

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Ison Excapation 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 3037 Surbam Rd. Am Falls Id. 83211 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 220-2611 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: 1 Il 83211 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301

Signature: Signature: Oreg Olson

Capacity: Owner operator

(see instruction # 8 on back of form)

Secretary of State use only

01/14/1998 09:00 CX: 234 CT: 92616 BH: 72857

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