

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

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

2003 FEB -4 AM 8: 44

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

1. The assumed business name which the ur business is: Matrix Wood working	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business nar <u>Name</u> Michael E- Ross	s) of the entity or individual(s) doing ne: <u>Complete Address</u> <u>252- S. Mayn</u> <u>Star ID 83669</u>
Wholesale Trade Construction	n and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: 252 3 Main Star IN 83669	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	Phone number (optional): 208 - 870-2086
	Secretary of State use only
Signature: Mulls (signature required) Printed Name: Michael Loss Capacity/Title: Ouver (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 2/04/2003 05:00 CX: 1238 CT: 158010 BH: 660824 1 @ 20.00 = 20.00 ASSUM NAME # 2