



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED/EFFECTIVE
02/14/2002 09:27
STATE OF IDAHO

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

Hoagland, Dominick & Hicks, PLLC

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

Name

Hoagland, Dominick & Hicks,

Attorneys at Law, PLLC

(W-16494)

Complete Address

1471 Shoreline Drive, Suite 100

Boise, Idaho 83702

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:

Hoagland, Dominick & Hicks

Attorneys at Law, PLLC

1471 Shoreline Dr., Ste 100, Boise, ID 83702

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

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

Phone number (optional):

208-343-9111

Signature: _____

Printed Name: Samuel A. Hoagland

Capacity/Title: Member

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\labn forms\labn.pdf
Revised 01/2001

IDAHO SECRETARY OF STATE
03/14/2002 05:00
CK: 198 CT: 63367 BH: 452130
1 @ 20.00 = 20.00 ASSUM NAME # 3

DS2956