



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
2003 JUL -2 AM 8:49
SECRETARY OF STATE
STATE OF IDAHO

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

Mountain Claims Management

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

Name	Complete Address
<u>Woodgreen Millwork, Inc</u>	<u>300 N.W. 16th St.</u>
<u>P.O. Box 566</u>	<u>FRUITLAND, Id</u>
<u>C45053</u>	<u>83619</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 | |

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

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

Mountain Claims Management
P.O. Box 1058
FRUITLAND, Id 83619

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

Phone number (optional):

Secretary of State use only

Signature: Scott Barner

(signature required)

Printed Name: SCOTT BARNER

Capacity/Title: Corporate Secretary

(see instruction # 8 on back of form)

g:\top\forms\abn_forms\abn.pdf Revised 04/2003

IDAHO SECRETARY OF STATE
07/02/2003 05:00
CK: 572671 CT: 73634 BH: 689115
1 @ 25.00 = 25.00 ASSUM NAME # 2

Date 8/10