



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
1/16/04 4:23 PM
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1. The assumed business name which the undersigned use(s) in the transaction of business is:

Water Source

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

Name

Alan E Willingham

Complete Address

533 Quincy Street

Twin Falls, ID 83301

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:

Alan E Willingham
533 Quincy Street
Twin Falls, ID 83301

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

Phone number (optional):

Signature: Alan E Willingham
(signature required)

Printed Name: Alan E Willingham

Capacity/Title: Owner

(see instruction # 8 on back of form)

g:\corporate\forms\abn\form1abn.p65
Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
01/16/2004 05:00
CK: 3370 CT: 158010 BH: 722231
1 @ 25.00 = 25.00 ASSUM NAME # 2

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