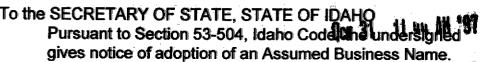
CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)





To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned programme in the transaction of business is: TRIAD CONSTRUCTION 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address 1105 PAR RE KANDA DOWNING 83702 3015E DOAHO 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 4. The name and address to which future Phone number (optional): _ correspondence should be addressed: SAME AS ABOVE Submit Certificate of Assumed Business Name and \$20.00 fee to: 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:

Printed Name: KANDON DOWNING

Capacity: SOUT PREPERSOR

(see instruction # 8 on back of form)

Secretary of State use only IDAND SECRETARY OF STATE

10/31/1997 89:00 CK: CASH CT: 89253 BH: 151659

1 8 28.86 = 28.88 ASSUM NAME

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