

## CERTIFICATE OF ASSUMED BUSINESS NAME

TILED EFFECTIVE

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

2003 FEB 26 PM 2: 02

## Please type or print legibly. NOTE: See instructions on reverse before filing.

BE INCHARY OF STATE

3. The general type of business transacted under the assuring Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	or individual(s) doing  omplete Address  MIDAS DR. SALLE IR.  BIBLO  Immed business name is:  Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:
2. The true name(s) and business address(es) of the entity business under the assumed business name:  Name  Scott A. Vollawid 1998  ALYSAWDA B. Yollawid 1998  Retail Trade Transportation and Public Under the Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:	or individual(s) doing  omplete Address  MIDAS DR. SALLE IR.  BABAD  amed business name is:  Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:
2. The true name(s) and business address(es) of the entity business under the assumed business name:  Name  Scott A. Vourney  ALYSANDA B. Vourney  3. The general type of business transacted under the assumed business trans	or individual(s) doing  omplete Address  MIDAS DR. SALLE IZ.  BIBLO  Immed business name is:  Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:
2. The true name(s) and business address(es) of the entity business under the assumed business name:  Name  GENTY A: VOLLAWIN 998  ALYSANDA B. VOLLAWIN 998  3. The general type of business transacted under the assumed busi	or individual(s) doing  omplete Address  MIDAS DR. SALLE ID.  BESSO  med business name is:  Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:
2. The true name(s) and business address(es) of the entity business under the assumed business name:  Name  GCOTT A: VOLLAWING  ALYSANDER B. VOLLAWING  3. The general type of business transacted under the assumed business	or individual(s) doing  omplete Address  MIDAS DR. SALLE ID.  BESSO  med business name is:  Utilities  Submit Certificate of Assumed Business Name and \$20.00 fee to:
Retail Trade	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Wholesale Trade Construction  Wholesale Trade Construction  Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5 Name and address for this acknowledgitient	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
Airmadia B Volland 20	Secretary of State use only
Signature: Note Signature required)  Printed Name: Story A. Volland Signature required  Capacity/Title:  (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE  @2/26/2003 @5:00  CK: 591 CT: 158810 BH: 665232 1 8 20.00 = 20.00 ASSUM NAME # 2