



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO DEC 12 12 34 PM '00
 Pursuant to Section 53-504, Idaho Code, the undersigned
 gives notice of adoption of an Assumed Business Name.

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

W/L INTERPRIZES

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	P.O. #	Complete Address
<u>WENDELL B. JONES</u>	<u>P.O. 118</u>	<u>#6 Sunburst rd Horseshoe Bend Ida. 83629</u>
<u>LEOLA L. JONES</u>	<u>P.O. 118</u>	<u>#6 Sunburst rd Horseshoe Bend Ida. 83629</u>

3. The general type of business transacted under the assumed business name is:
 (mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input checked="" type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

(208)

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

Phone number (optional): 793-4002

WENDELL B. LEOLA L. JONES
P.O. 118 Horseshoe Bend
Idaho 83629

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

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

Signature: Wendell B. Jones

Printed Name: WENDELL B. JONES

Capacity: OWNER

(see instruction # 8 on back of form)

Revision 12/99

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Secretary of State use only
 IDAHO SECRETARY OF STATE

12/12/2000 09:00
 CK: 1077 CT: 100743 BH: 366221

1 @ 20.00 = 20.00 ASSUM NAME # 2

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