

Printed Name: ________/

Capacity/Title:_

Stephen Cilley

President/CEO

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

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Please type or print legibly.

NOTE: See instructions on reverse before filing.

COF STATE STATE OF IDAHO

Denali Clai	ms Services
The true name(s) and business address(es) pusiness under the assumed business name	of the entity or individual(s) doing
Name	Complete Address
Denali, Inc.	600 N Curtis #101, Boise, ID 83706
	PO Box 111, Boise, ID 83701-0111
C110797	
Manufacturing Mining Finance, Insurance, and Real Estate he name and address to which future orrespondence should be addressed: Denali, Inc.	Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West
PO Box 111	PO Box 83720 Boise ID 83720-0080
Boise, ID 83701-0111	208 334-2301
Name and address for this acknowledgmen copy is (if other than # 4 above):	t Phone number (optional):
	Secretary of State use only

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IDANO SECRETARY OF STATE 05/07/2004 05:00 CK: 9313 CT: 142273 BM: 743813 1 0 25.00 = 25.00 ASSUM MANE 2 2