Signature: W

Capacity/Title: OWN &R

Printed Name: MATT SIGERINIUS

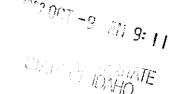
(see instruction # 8 on back of form)



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.



1. The assumed business name which the undersigned use(s) in the transaction of business is: SIGFRINIUS COMPANY 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address MATT SIGFRINIUS PO BCX 291 SIGFRINIUS PRIEST RIVER 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Name and \$20.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson Basement West 19 MATT SIGFRINIUS PO Box 83720 Boise ID 83720-0080 P.O. BCX 291 208 334-2301 PRIEST RIVER ID 83856 5. Name and address for this acknowledgment Phone number (optional): CODY is (if other than # 4 above): 137-0206 Secretary of State use only

IDAHO SECRETARY OF STATE
10/09/2002 05:00
CK: 5367 CT: 158010 BH: 575157
1 0 20.00 = 20.00 ASSUM MANE # 3

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