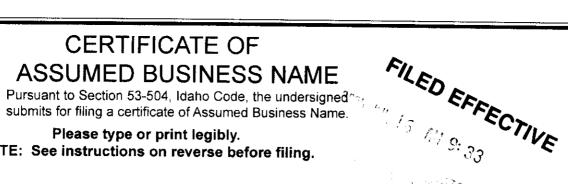


NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



NORTHWEST GON 3	SPORT
2. The true name(s) and business address(described business under the assumed business name Name TAD J- HANEY	es) of the entity or individual(s) doing ame: Complete Address 2103 Hun 30 Filer ID 83328
Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: TAD HAMEN ALICS Hun 30 FILER TD 83328	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	Phone number (optional): 208-326-6710 208-420-4195-
	Secretary of State use only
rinted Name: TAD HANEY Capacity/Title: ONNER	IDAHO SECRETARY OF STATE Participal Company