



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.

2004 FEB 27 09:15

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

WILDER RESOURCE MANAGEMENT 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
<u>ALEX T. WILDER</u>	<u>1735 CAMARILLO WAY; TWIN FALLS, IDAHO</u>
_____	_____
_____	_____

3. The general type of business transacted under the assumed business name is:

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

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

ALEX T. WILDER
1735 CAMARILLO WAY
TWIN FALLS, ID 83301

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-212-4121

Signature:
(signature required)

Printed Name: ALEX T. WILDER

Capacity/Title: OWNER
(see instruction # 8 on back of form)

Secretary of State use only

073585

IDAHO SECRETARY OF STATE

02/27/2004 05:00

CK: NO CK # CT: 150010 BH: 729727

1 @ 25.00 = 25.00 ASSUM NAME # 2