



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO

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 business is:

THE KLINE COMPANY

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	Complete Address
<u>MAUREEN C. KLINE</u>	<u>10356 N. 25TH E. IDAHO FALLS, ID 83401</u>
<u>HUNDLEY M. KLINE</u>	<u>10356 N. 25TH E. IDAHO FALLS, ID 83401</u>
<u>KELLI S. KLINE</u>	<u>12929 W. 26TH N. IDAHO FALLS, ID 83404</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 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

208/535-0442

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

Phone number (optional): _____

MAUREEN C. KLINE
10356 N. 25TH E.
IDAHO FALLS, ID 83401

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: Maureen C. Kline

Printed Name: MAUREEN C. KLINE

Capacity: OWNER, PRESIDENT

(see instruction # 8 on back of form)

Revision 1/98
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Secretary of State use only
IDAHO SECRETARY OF STATE

07/27/1998 09:00
CK: 24375352 CT: 101937 BH: 131155

1 @ 20.00 = 20.00 ASSUM NAME

D 17032

98 JUL 27 AM 9:11
SECRETARY OF STATE
STATE OF IDAHO
FILED