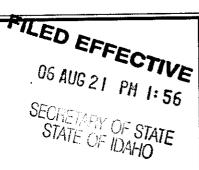
CERTIFICATE OF ASSUMED BUSINESS NAME

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.



business is: PROSSER TR	UCKING		
The true name(s) and business address(es) of business under the assumed business name: Name DAVID E. PROSSER	С	or individual(s) doing omplete Address 3690 ELMORE ROAD PARMA, IDAHO 83660	·
. The general type of business transacted unde	the assu	med business name is:	•
Retail Trade Wholesale Trade Construction Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: DAVID E. PROSSER 3690 ELMORE ROAD PARMA, ID 83660 5. Name and address for this acknowledgment copy is (if other than # 4 above):		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 Phone number (optional):	
		Secretary of State use only	
gnature: (signature required) rinted Name: DAVID E. PROSSER apacity/Title: OWNER (see instruction # 8 on back of form)	g-korpyformalabn formalabn p65 Revieed 04/2003		: 97