

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED



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

98 DEC 31 AM 9:00

SECRETARY OF STATE
STATE OF IDAHO

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

BANNER FASTENERS

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
AARON M HARRINGTON

Complete Address
559 LINCOLN ST
TWIN FALLS ID 83301

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

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

4. The name and address to which future correspondence should be addressed: Phone number (optional): 208-736-0685

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

D. L. EVANS
ATTN PENNY TREAT
P.O. BOX 87
TWIN FALLS ID 83303

Signature: [Signature]

Printed Name: OWNER

Capacity: _____

(see instruction # 8 on back of form)

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

Secretary of State use only

IDAHO SECRETARY OF STATE

12/31/1998 09:00
CX: 964172 CT: 24005 DI: 174572

1 0 20.00 = 20.00 ASSUM NAME # 2

D21506

Revision 2/97

g:\corp\forms\abn.prm6