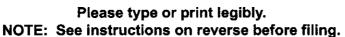


Printed Name:

Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.





The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Wilson Randolph Lloyd	3070 Westmoreland Circle
	ldaho Falls, ID 83402-4611
	
The general type of business transacted under the	ne assumed business name is:
Retail Trade Transportation and Wholesale Trade Construction	Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: W. R. Lloyd	Secretary of State 700 West Jefferson Basement West PO Box 83720
3070 Westmoreland Circle	Boise ID 83720-0080
Idaho Falls, ID 83402-4611	208 334-2301
Name and address for this acknowledgment	Phone number (optional):
COPy is (if other than #4 above).	208-524-8910
Same as #4	
	Secretary of State use only
ture: (signature required)	IDAHO SECRETARY OF S @1/10/2003 @:

W. R. Lloyd

Owner

(see instruction # 8 on back of form)

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