



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.

FILED EFFECTIVE

2004 OCT 20 AM 8:56

STATE OF IDAHO

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

Resource Advantage

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>Christopher D. Pothier</u>	<u>P.O. Box 2107</u>
<u></u>	<u>Hailey, Id</u>
<u></u>	<u>83333</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:

Christopher D. Pothier
P.O. Box 2107
Hailey, Id 83333

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):

Secretary of State use only

Signature:

Christopher D. Pothier
(signature required)

Printed Name:

Christopher D. Pothier

Capacity/Title:

Owner

(see instruction # 8 on back of form)

g:\corpforms\abn forms\abn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/20/2004 05:00
CK: 1221 CT: 150010 BH: 772000
1 @ 25.00 = 25.00 ASSUM NAME # 2

D81125



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.

FILED EFFECTIVE
2004 OCT 20 AM 8:56

STATE OF IDAHO

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

Resource Advantage

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>Christopher D. Pothier</u>	<u>P.O. Box 2107</u>
<u></u>	<u>Hailey, Id</u>
<u></u>	<u>83333</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:

Christopher D. Pothier
P.O. Box 2107
Hailey, Id 83333

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):

Secretary of State use only

Signature:

Christopher D. Pothier
(signature required)

Printed Name:

Christopher D. Pothier

Capacity/Title:

Owner

(see instruction # 8 on back of form)

g:\corpforms\labn\forms\labn p65
Revised 04/2003

IDAHO SECRETARY OF STATE
10/20/2004 05:00
CK: 1221 CT: 158010 BH: 772088
1 @ 25.00 = 25.00 ASSUM NAME # 2

D81125