CERTIFICATE OF Pursuant to Section 53-504, Idaho Code, the undersignal AUG -4 A 8: 51 submits for filing a certificate of Assumed Business 11

FFECTIVE

ne. STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

2. The true name(s) and business address(e)	
business under the assumed business nar Name William J. Wilson	es) of the entity or individual(s) doing me: Complete Address 5204 Waterwheel Drive, Boise, ID 83703-3130
3. The general type of business transacted up Retail Trade Transportation	nder the assumed business name is: n and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: William J. Wilson	Secretary of State 700 West Jefferson Basement West PO Box 83720
5204 Waterwheel Drive Boise, ID 83703-3130	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above): 	ent Phone number (optional): (208) 343-7301
	Secretary of State use only
mature: Millian Malaon	IDAHO SECRETARY OF STA OB/O4/2004 OB/O4/
nted Name: William J. Wilson	Comission forms for the control of t

CK: 6291 CT: 158818 BH: 758998 1 8 25.88 = 25.88 ASSUM MANE # 2