



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2002 DEC -5 AM 9:03

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

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

CONTROLLED CAPTURE SYSTEMS

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

FREDERICK DEAN FLUCK

271 9th STREET, IDAHO FALLS, ID 83404

CARLA S. FLUCK

271 9th STREET, IDAHO FALLS ID 83404

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:

CONTROLLED CAPTURE SYSTEMS

271 9th STREET

IDAHO FALLS, IDAHO 83404

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

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

Phone number (optional):

208-557-0300

Secretary of State use only

Signature: FREDERICK DEAN FLUCK

Printed Name: FREDERICK DEAN FLUCK

Capacity: OWNER

(see instruction # 8 on back of form)

g:\corp\forms\labn form\labn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
12/05/2002 05:00
CK: 1020 CT: 158010 BH: 649621
1 @ 20.00 = 20.00 ASSUM NAME # 2

760516