



CERTIFICATE OF ASSUMED BUSINESS NAME

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

To the SECRETARY OF STATE, STATE OF IDAHO JUL 26 AM 8:50

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name.

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

Tri-Angle  Co.

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Cory A. Knigge Name

Complete Address

Toshia A. Knigge

1118 W. Hudson Ave Nampa 83651
1118 W. Hudson Ave. Nampa 83651

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 checked="" type="checkbox"/> Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Mining |

4. The name and address to which future correspondence should be addressed:

Phone number (optional): 208-461-3511

Cory & Toshia Knigge
1118 W. Hudson Ave.
Nampa ID 83651

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

Secretary of State use only

Signature: Cory Knigge / Toshia Knigge

Printed Name: Cory Knigge / Toshia Knigge

Capacity: _____

(see instruction # 8 on back of form)

Revision 1/98

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IDAHO SECRETARY OF STATE
07/26/2002 05:00
CK: 1898 CT: 150010 BH: 479327
1 @ 20.00 = 20.00 ASSUM NAME # 2

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