



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

JUN 14 4 28 PM '01

SECRETARY OF STATE
STATE OF IDAHO

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

B.R.S.

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

Albert P. Barker

P.O. Box 2139, Boise, ID 83701-2139

John A. Rosholt

P.O. Box 1906, Twin Falls, ID 83303-1906

John K. Simpson

P.O. Box 2139, Boise, ID 83701-2139

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 type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

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

B.R.S.

P.O. Box 2139

Boise, ID 83701-2139

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

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

B.R.S.

P.O. Box 2139

Boise, ID 83701-2139

Phone number (optional):

208-336-0700

Signature: _____

Printed Name: _____

Capacity: Partner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

06/14/2001 09:00
CK: 4125 CT: 145988 BH: 482864

1 @ 20.00 = 20.00 ASSUM NAME # 2

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Revised 01/2001

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