

Capacity:

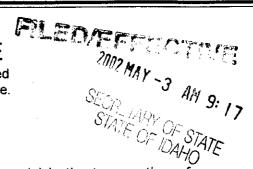
Owner

(see instruction #8 on back of form)

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.



Dodd Flexible Connector	
2. The true name(s) and <u>business</u> address(e business under the assumed business nar <u>Name</u> William E. Dodd, III	es) of the entity or individual(s) doing me: Complete Address 802 S. Osprey Drive Post Falls, ID 83854
The general type of business transacted Retail Trade	ion and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Assumed Business Name and \$20.00 fee to:
4. The name and address to which future correspondence should be addressed: Dodd Flexible Connector 802 S. Osprey Drive Post Falls, ID 83854	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above): 	ment Phone number (optional):
1. 10 ' 2	Secretary of State use only
inted Name: William F. Dodd. III	- 100Z/10 ps IDAHO SECRETARY OF STATE

05/03/2002 05:00 CK: 2007 CT: 158010 BH: 463466 1 0 20.00 = 20.00 ASSUM NAME # 2