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CERTIFICATE OF ASSUMED BUSINES Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed <u>Please type or print legibly.</u> NOTE: See instructions on reverse bef 1. The assumed business name which the un business is: COEURD' ALENE	S NAME the undersigned Business Name. 2005 NOV 30 AM 9: 15 SECRETARY OF STATE STATE OF IDAHO Indersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> <u>JOHN</u> MATHEW CORECE	
 3. The general type of business transacted in the general t	on and Public Utilities n Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: <u>DHN M. COREGE</u> 5422 TRADITIONAL TRAIL <u>COEVED'ALENE</u> 10. 83914	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than #4 above):	ment Phone number (optional): <u>208-661-4399</u> Secretary of State use only
Signature: (see instruction # 8 on back of form)	- 5 - 11/30/2006 05:00 - 11/30/2006 05:00 - 11/30/2006 05:00 - 10 25.00 - 25.00 ASSUM WAVE # 2 - 01 - 05948