

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned 60 197 17 PH 2: 14

submits for filing a certificate of Assumed Business Name.

(see instruction # 8 on back of form)

Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

| | PEDES | TRIAN SAFETY | |
|---|--|---|--|
| | me(s) and business address(der the assumed business na | es) of the entity or individual(s) doing ame: | |
| | Name | Complete Address | |
| SATU PASANEN | | 2979 S HWY 95 #10, MOSCOW, ID, 83843 | |
| KIM PASANEN | | 2979 S HWY 95 #10, MOSCOW, ID, 83843 | |
| Retail Whole Service Manuf Finance The name a corresponde | Trade Transportation | Submit Certificate of Assumed Business | |
| | address for this acknowledgr | ment Phone number (optional): | |
| | her than # 4 above). | 208-882-1604 | |

IDAHO SECRETARY OF STATE

03/18/2003 05:00

CK: 637 CT: 158010 BH: 669241

1 8 28.00 = 20.00 ASSUM NAME # 2