CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

(E % U	Pursuant to Section 53-504, Idah gives notice of adoption of an As	
1.	The assumed business name which the und business is:	dersigned use(s) in the transaction of ு
	Donald Rowles Consulting S	Services
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name Idaho Mountain Services, Inc.	Complete Address 842 North Avanue
	<u>C134598</u>	Challis ID 83226
3.	The general type of business transacted un (mark only those that apply)	der the assumed business name is:
	Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Transportation and Public Utilities Finance, Insurance, and Real Estate Mining
4.	The name and address to which future Phone number (optional): correspondence should be addressed:	
	Idaho Mountain Services, Inc.	Submit Certificate of
	842 North Avenue	Assumed Business
	Challis ID 83226	Name and \$20.00 fee to:
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
		Secretary of State use only
		IDAHO SECRETARY OF STATE 12/06/2000 09:00
Signatı	ire: Duela Kowles	12/06/2000 09:00 CK: 2991 CT: 83412 BH: 364975
Printed	Name: Donald R. Rowles	1 0 20.00 = 20.00 ASSUM HAME 8 3
Capaci	ity: President (see instruction # 8 on back of form)	D41003

(see instruction # 8 on back of form)