Capacity:_

(see instruction # 8 on back of form)

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

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the undersigned 15 AH 9: 01 Assumed Business Name.
 The assumed business name which the ur business is: 	* · * * A : _
Robert Towning	
The true name(s) and business address(expension business under the assumed business name Name	s) of the entity or individual(s) doing me is/are: Complete Address
Robert Counthem	300 W. man Jeane IV)
3. The general type of business transacted un (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional): 208-329-7656
300 w Main	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Jarona ID 83388	Secretary of State
5. Name and address for this acknowledgmer copy is (if other than # 4 above): DEVANS BANK OFFICE O	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Tome ID 83358	Secretary of State use only
Signature: Albu-Cum	Revision 1/89
Printed Name: Robert Coarthern	IDAHO SECRETARY OF STATE 11/15/2002 05:00 CK: 986733 CT: 138012 BH: 646297

1 @ 20.00 = 20.00 ASSUM NAME # 2

D 59963