Capacity/Title: OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF

	FIL.
CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the unde submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing	rsigned 8: 56 Name.
1. The assumed business name which the undersign business is:	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Erik G. Piterson Patricia L. D. Piterson Patricia L. D. Piterson Pick	centity or individual(s) doing Complete Address Box III DO Angul Ridge Road ID 83545
3. The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: The Lodge on Angel Ridge	
P.O. Box III Peck, ID 83545 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Boise ID 83720-0080 208 334-2301 Phone number (optional): 308-484-6703 Secretary of State use only
nted Name: PATRICIA L. D. PETERSON	IDANO SECRETARY OF STATE 96/21/2004 05:0

IDAHO SECRETARY OF STATE 96/21/2004 05:00 CK: 4338 CT: 158818 BH: 751386 1 8 25.88 = 25.88 ASSUM NAME # 2