



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2006 SEP 18 AM 10:06

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

HOURGLASS VENTURES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

JOHN THOMAS WOOD

PO BOX 291, NEWDALE, ID 83436

RUSSELL POWELL

1476 E. 400 N., ST. ANTHONY, ID 83445

JAMIE HILLMAN

5703 N. 4000 W., REXBURG, ID 83440

CHRIS HILLMAN

5703 N. 4000 W., REXBURG, ID 83440

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

JOHN THOMAS WOOD

381 AIRPORT RD #23

REXBURG ID 83440

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature: _____

(signature required)

Printed Name: JOHN THOMAS WOOD

Capacity/Title: GENERAL PARTNER

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
09/19/2006 05:00
CK: 3473 CT: 204503 BH: 975002
1 @ 25.00 = 25.00 ASSUM NAME # 3

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