

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Wayers Posts

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

STATE OF TOAHO

1. The assumed business name which the undersig business is:	ned use(s) in the transaction of
	e entity or individual(s) doing Complete Address ranite Street Salmon ID 83467 manite Street Salmon ID 83467
3. The general type of business transacted under the assumed business name is:	
ServicesManufacturingMiningFinance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720
411 Granite Street Salmon, Id httpo 33427	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgment copy is (if other than # 4 above). 	Phone number (optional): (208) 7768 - 7039
	Secretary of State use only
Signature: Robert C Eckerle	079203
Signature: Robert C. Eckenle Printed Name: Robert C. Eckenle Capacity/Title: Partner	IDAHO SECRETARY OF STATE 108/17/2004 05:00 CK: 6401 CT: 158010 BH: 761215 1 8 25.00 = 25.00 ASSUM NAME # 2