

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

FILED

01 APR 30 PM 2:17

STATE OF IDAHO

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

TURNAGAIN 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

Address

Ann Smith 433 River Rd. BRACE-
Id 83241

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

SERVICES

See categories on the reverse

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

TURNAGAIN SERVICES
P.O. Box 62 - BRACE, Id 83241

Signed Ann Smith

By _____

Capacity _____

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Revision 10/96

g:\corp\forms\abn.pmg

Secretary of State use only
IDAHO SECRETARY OF STATE

04/30/2001 09:00
CK: 344707755 CT: 145726 BN: 394226

1 @ 20.00 = 20.00 ASSUM NAME # 2

044944