CERTIFICATE OF ASSUMED BUSINESSE PARETIVE

| | the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Coc option of an Assumed Business Name. | IDAHO OU APR -3 AM 8:51 Ie, the undersigned gives motice of STATE OF IDAHO STATE OF IDAHO | |
|---|---|--|--|
| 1. | The assumed business name which the unbusiness is: | ndersigned use(s) in the transaction of | |
| The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | | |
| | The Peggy L. Spray | PO.Box 133 FERNWOOD | |
| | Henry J. Lews. | P.O. Box 133 Fernicas Td 83 | |
| 3. | 3. The general type of business transacted under the assumed business name is: BAR - (Afe) Refail TRAJE See categories on the reverse | | |
| 4. | The name and address to which correspondence should be addressed: Spray Spray | | |
| | | Peggy L. Spray Manager! | |
| | Submit Certificate of Assumed Business Name and \$20.00 fee to: | Customer# | |
| ļ | Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 | 980 94/03/2000 09:00 CK: NO CK & CT: 129233 DH: 385221 1 6 20.00 = 20.00 ASSUM NAME # 2 | |

D34666

30