D

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) SECRETARY OF STATE

| То | the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-504, Idaho Code, gives notice of adoption of an Assumed E | the undersigned 25 AM 8: 41 |
|----|--|--|
| 1. | The assumed business name which the undersigned use(s) in the transaction of business is: | |
| | Avalon Enterprises | 5 |
| 2. | The true name(s) and business address(es) business under the assumed business name Name Name 85 | • |
| 3. | The general type of business transacted und (mark only those that apply) Retail Trade | ler the assumed business name is: Transportation and Public Utilities Finance, Insurance, and Real Esta |
| | Services Construction | Mining |
| | The name and address to which future correspondence should be addressed: Diana L Lee 855 Windrow Circle Idaho Falls, Id. 88404 Name and address for this acknowledgment copy is (if other than # 4 above): | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | | |
| | ire: <u>Gas a 7) dec</u> | Secretary of State use only IDAHO SECRETARY OF STATE DATE 04/25/1997 0900 86449 2 CX *: 5757 CUST* 80436 ASSUM NAME 10 20.00= 20. |

(see instruction # 8 on back of form)