## TFICATE OF ASSUMED BUSINESS.) (Please type or print legibly. See instructions on reverse.) THE STATE OF IDAHO The state of I CERTIFICATE OF ASSUMED BUSINESS NAME SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned Of APR 14 AH 10: 25 To the SECRETARY OF STATE, STATE OF IDAHO gives notice of adoption of an Assumed business traine. 1. The assumed business name which the undersigned use(s) in the transpetion of the transpection o business is: Brown Enterprises M. 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Mining Services Phone number (optional): 208-678-0977 4. The name and address to which future correspondence should be addressed: Brown Enterprises Submit Certificate of Assumed Business 400 S Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 idaho secretary of Stati 14/2000 CT: 121582 BH: 309146 Signature: 135036 Printed Name: Capacity: (see instruction # 8 on back of form)