## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) Code, the undersigned Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: ESTER'S WATCH 1 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 LESTER G. SMITH 1120 CALDWELL BLUD 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): 208-463-1589 correspondence should be addressed: JAME AS ABOVE Submit Certificate of **Assumed Business** Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 BANK OF THE WEST 208 334-2301 CALDWELL BLUD Secretary of State use only IDAHO SECRETARY OF STATE NAMPA, ID. 09/14/2000 09:00 CK: 2000762921 CT: 135968 BH: 348182 Signature: \_ // // 1 8 28.86 = 28.88 ASSUM NAME # 2 Printed Name: LESTER G. SMITH Capacity:

(see instruction # 8 on back of form)