Capacity: DWNCK

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: 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 Addres Kelly Dale Clark 1412 Emain Crow P.O. Box 1468 Kamiett ID 83536 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Transportation and Public Utilities Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Minina Services 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: * Kelly Clark Submit Certificate of Assumed Business Name and \$20.00 fee to: Granges. 1/2, ID 83530 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 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE 11/20/1998 09:00 CK: 100 CT: 107057 BH: 163511 Signature: M. Month 1 0 28.08 = 26.06 ASSUM NAME 1 2 Printed Name: KELLY Clark