CERTIFICATE OF ASSUMED BUSINESS N (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 tranbusiness is: Attics Etcetera 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address with Inn Williams 603 W Palouse Ry Dr. 465 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): ____ correspondence should be addressed: Etcetera Submit Certificate of Assumed Business 5 Macin PO Box 8455 Name and \$20.00 fee to: Secretary of State 700 West Jefferson 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 ISANO: GRORDTAIN COP. STATE! 03/28/2000 09:00 CK: 2464 CT: 128881 BH: 383122 Signature: 1 @ 20.00 = 20.00 ASSUM NAME 1 2

Printed Name: Kuth Ann Williams

Capacity: <u>Duner</u>

(see instruction # 8 on back of form)

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