Printed Name:

(see instruction # 10 on back of form)

Capacity:

CANCELLATION, CONTINUATION, OR AMEND CERTIFICATE OF ASSUMED BUSINESS NA (Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-507 and 53-508, Idaho Code, the undersigned gives notice of the action(s) indicated below: FIT EXPRESS 1. The assumed business name is: _ 2. The assumed business name was filed with the Secretary of State's Office ____ as file number D60551 on 12/9/02 Cancellation. The persons who filed the certificate no longer claim an interest in the above assumed business name and cancel the certificate in its entirety. 3. Continuation. The persons who filed the certificate continue use of the above assumed business name for another 5 years (may be filed up to 6 months prior to the lapse date). The assumed business name is amended to: ___ 5. The true names and business addresses of the entity or individuals doing 6. X business under the assumed business name are amended as follow: Address: Name: Delete: Add: 1920 19th Ave. Lewiston, ID 83501 Cindy L. Graffee XX 1920 19th Ave, Lewiston, ID 83501 The Lia Corporation \overline{XX} C141088 The type of business is amended to read: 7. Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Mining Construction Services The name and address to which future correspondence should be addressed 8. |x| is changed to read: Culdesac, Idaho 83524 P.O. Box 226 The Lia Corporation 9. Name and address for this acknowledgment copy is: Cindy L. Graffee P.O. Box 226 Secretary of State use only 83524 Culdesac, Idaho

IDAHO SECRETARY OF STATE
12/30/2002 05:00
CK: 5795 CT: 166061 BH: 653653
8 10.00 = 10.00 ASSIM AMEN # 4

D60551