TFICATE OF ASSUMED BUSING (Please type or print legibly. See instructions de respective) CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned In 10: 00 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use (s) in the draps applied of business is: allet Arts 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 Dianne Loveland same as 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 Construction Mining Services Phone number (optional):(208)356-4562 4. The name and address to which future correspondence should be addressed: Submit Certificate of South Assumed Business Name and \$20.00 fee to: Rexburg 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 Samo a 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE CK: 1127 CT: 129384 BH: 386126 1 # 28.08 = 28.08 ASSUM NAME # 2 Printed Name: Dianne Loveland

Ocuner, Sole Proprietor

(see instruction # 8 on back of form)

Capacity:

N34733