TFICATE OF ASSUMED BUSINESS IN FECT (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) CERTIFICATE OF ASSUMED BUSINESS 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: 5 G Y (VLUSIC 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 2905 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 Minina 4. The name and address to which future Phone number (optional): 208-463-9816 correspondence should be addressed: 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** COPY is (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 12/18/2000 09:00 CK: CASH CT: 139728 BH: 367278 Signature: 1 0 20.00 = 20.00 ASSUM HAME # 2 Printed Name: Capacity: ((see instruction # 8 on back of form) D 41236