

CERTIFICATE OF ASSUMED BUSINESS NAME

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Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filling. SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address business under the assumed business name Name Name Nahgiveup, Inc.	s(es) of the entity or individual(s) doing same: Complete Address 312 North 5th Avenue Sandpoint, Idaho 83864
3. The general type of business transacted X Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Fleal Esta	d under the assumed business name is: tion and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Tobias J. Feuling	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is of other than # 4 above): Tobias J. Feuling	ment Phone number (optional):
acily: President Normue 312 North 5th Avenue 83864 Parture: Sandpoint, Idaho 83864	Secretary of State use only 1002/10 pessel 01/5001 Hersel only
(see instruction # 6 on back of form)	IDAM SECRETARY

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