## CERTIFICATE OF ASSUMED BUSINESS NAME (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 undersign 39 JUN - 1 AM 9: 3 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: Michael J. Shaw DBA Inland 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 Michael J. Show 701 E. 6 TO ST Post Fulls, 10 83854 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: Michael J. Shaw Submit Certificate of 701 E. 6th St. Assumed Business Name and \$20.00 fee to: Post Falls, 10 83854 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 SAME Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE CK: NO CK # CT: 116198 BH: 221295 Signature: / 1 8 20.00 = 20.00 ASSUM NAME # 2 Printed Name: / D 26433 Capacity: Owner

(see instruction # 8 on back of form)