FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS NAME

| | ARY OF STATE, STA | IE OF IDAHO | O JUL 18 AM 8 | |
|---|--|---|---|---------------------|
| Pursuant to Section Assumed Business | n 53-504, Idaho Code, t Name. | he undersigned give | es grottige of adopti | * 4 |
| business is: | usiness name which the | undersigned use(s) | in the transaction | of |
| 2. The true name(| s) and business address(ned business name is/are ne | es) of the entity or: Address 828 Blue L | | |
| | | Two Falls, | | |
| 3. The general typ | e of business transacted | under the assumed | business name is: | |
| See categories on t | | | | |
| 4. The name and a | ddress to which correspo | ondence should be | addressed: | |
| Denney V | Confany Lakes Blud. N. | | | |
| Twin Falls | Lakes 6/US. N. | Signed By Seott Capacity Owne | W. Derney | |
| Submit Certificate of Business name and S | | Cu | stomer # | |
| Secretary of State 700 West Jefferson | | Sec | retary of State use or | |
| PO Box 83720 Boise ID 83720-008 | 0 | | D 3749 | 0 |
| 20130 117 63 720-006 | O | | IDAHO SECRETARY OF | STATE |
| | | | 27/18/2000 (: 5194 CT: 133675 | 09:00 RH: 334334 |
| | | | P 29.99 = 29.99 | |