CERTIFICATE OF ASSUMED BUSINESS NAME 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: BOYD FINANCIAL SERVICES 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 ANET R. BOYD 451 EASTLAND DR THIN FACE, ID 3. The general type of business transacted under the assumed business name is: FINATCE, INSURANCE See categories on the reverse (8) 4. The name and address to which correspondence should be addressed: JANET R. BOYD YSI EASTLAND DR. TWIN FALLS, 10 83301 Signed _ By Capacity OWNER Submit Certificate of Assumed Customer# Business Name and \$20.00 fee to: Secretary of State use only IDAHO SECRETARY OF STATE Secretary of State 700 West Jefferson 12/07/1998 09:00 CK: 1133 CT: 187715 BH: 167647 PO Box 83720 Boise ID 83720-0080 1 8 28.00 = 28.00 ASSUM NAME # 2 D20594