CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

4	Pursuant to Section 53-504, Ida gives notice of adoption of an A	Assumed Business Marina RY Un STATE
1. The as busine	sumed business name which the ur	undersigned use(s) in the transaction of
busine	ss under the assumed business nar Name	es) of the entity or individual(s) doing ame is/are: Complete Address YOU BE APTO TWINFALLS TOAHO 83301
(ma □ Ro ☑ W	eneral type of business transacted untropy those that apply) etail Trade Manufacturing Tholesale Trade Agriculture Envices Construction	Finance, Insurance, and Real Estate
corres <u>U.S</u> Y&	ame and address to which future pondence should be addressed: 5. Premium 3 DAVE E #2 Falls 7-d 53301	Phone number (optional): 208-734-2557 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State
	and address for this acknowledgme	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	taxelle Chype In	Secretary of State use only IDAHO SECRETARY OF STATE 69/68/2600 69:00 CK: 2854227843 CT: 135761 BH: 347189 1 0 20.00 = 20.00 ASSUM NAME # 2
Capacity: Soul Prop.		984 Uggssum () 24417

(see instruction # 8 on back of form)

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