CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO99 JUN -7 AM 11: 10 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: JohnstonTe 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Brian S. Johnston #G105 1800 N. Cole 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): 208 658-5029 correspondence should be addressed: Submit Certificate of Brian S. Johnston Assumed Business 1800 N. Cole Name and \$20.00 fee to: 83704 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODV IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 **Sameterket State** ust anely

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06/07/1999 09:00

29.96 = 28.00 ASSUM NAME # 2

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Signature: 15 Printed Name: Br Capacity: OWner (see instruction # 8 on back of form)