Printed Name: S/

Capacity: owner

(see instruction # 8 on back of form)

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 that er ighter: 03 gives notice of adoption of an Assumed Business, Name. 1. The assumed business name which the undersigned use (s) fire than saction of business is: LIL RASCAIS 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 33512 Apple VALLEY RO ohnson PARMA, IdAho 83660 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 Phone number (optional): 452-5855 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: 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 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 05/17/1999 09:00 CK: 83115678678 CT: 115587 BH: 217251 Signature: 1 # 20.08 = 28.08 ASSUM NAME # 2

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