227 CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF ID FILED/EFFECTIVE Pursuant to Section 53-504, Idaho Code, the undersigned, gives notice of adoption of an Assumed Business Name. 8: 43 1. The assumed business name which the undersigned use(s) in the transaction of Jinx Smoke Chip 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 Complete Address Tabel Mattle P. 312 3cd Are W. #1 TwinFalls, D. 83301 Freeborn .31) 3rd Ave Was #7 in Falls TD. 8330 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)732-6097 correspondence should be addressed: Smol Submit Certificate of Assumed Business Name and \$20.00 fee to: In intal Secretary of State 5. Name and address for this acknowledgment 700 West Jefferson **Basement West** COPY IS (if other than # 4 above). PO Box 83720 Matthein) Boise ID 83720-0080 208 334-2301 312 Brd Ave Secretary of State use only 1/98 IDAHO SECRETARY OF STATE Revision Signature: 01/10/2001 09:00 CK: 2013 CT: 140656 BH: 3720 Printed Name: Matt 1 Taho 28.88 = 28.88 ASSUM NAME # 2 corptforms\abn.p65 Capacity: Pres (see instruction # 8 on back of form) 41731