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 undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transac business is: 2. The true name(s) and business address(es) of the entity or individual(s) do business under the assumed business name is/are: Complete Address 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 Chaning Construction Minina Phone number (optional): 895-84. 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 IBAC SECKEFARTA USTATELY **69/29/1997 69:00** CK: 66542782512 CT: 87873 BH: 42738

Signature: Sinda M. Taylor

Printed Name: Linda M. Taylor

Capacity: Sole proprietor

(see instruction # 8 on back of form)

1 8 28.06 = 29.08 ASSUM NAME

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