CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 3 29 PN '97 Sep 23 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 ARY OF STATE STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: . Administrative Services 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 D. L. Complete Address HANN Lewis Administrative eann Lewis 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 Minina Phone number (optional): 208-342 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business 5462 W.Lockport Dr Name and \$20.00 fee to: 6015e ID 83703 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

09/29/1997 09±80 CK: 1415 CT: 87866 BH: 42719

20.88 = 28.88 ASSUM HAME

Printed Name: De Ann

Capacity: Sole owner

(see instruction # 8 on back of form)