CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO FILED EFFECT Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name2005 FEB -9 All 9: 10 1. The assumed business name which the undersigned use(s) in the transaction of business is: STATE OF IDAHO 4 ( ( instruction 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 Jullatin rd Post Falls, Id 83854 GII<u>Name</u> 00 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 4. The name and address to which future Phone number (optional): \_\_\_\_\_ correspondence should be addressed: 5412 S. Dallatin 201 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 COPY IS (if other than # 4 above). PO Box 83720 ren Boise ID 83720-0080 208 334-2301 Dank of mon Secretary of State use only (SUX 78 Post Falls II Revision 2/97 Signature: Printed Name: Leo L ns corptformstabn pm6 and secretary of state 2005 Capacity: (see instruction # 8 on back of form) D 84341