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 26 10 16 M '99

| 1. | The assumed business name which the undersigned up business is: AMARANT H | SE(S) III CITE CONTACTE OF TOAHO |
|-------|---|--|
| 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 | |
| | STEPHANIE A. LAUFENBURGER 251 | 8 W. MAIN |
| 3. | The general type of business transacted under the ass (mark only those that apply) | s ∈ , ±△. 83702 umed business name is: |
| | ☐ Wholesale Trade ☐ Agriculture ☐ Fi ☐ Services ☐ Construction ☐ M | ransportation and Public Utilities inance, Insurance, and Real Estate lining |
| 4. | The name and address to which future correspondence should be addressed: | |
| | STEPHANIE A. LAWENBUKGER | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| | 2578 W. Main Boise, ID. 83702 | Secretary of State 700 West Jefferson |
| 5. | Name and address for this acknowledgment copy is (if other than # 4 above): | Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | | Secretary of State use only |
| | Revision 1/98 | IDANO SECRETARY OF STATE |
| nnati | ure Suphanie A fanforbuser | 07/26/1999 09:08 CK: 7227 CT: 9867 NH: 236684 |
| _ | Name: STEPHANIE ALAUFENBURGERS | 1 8 28.06 = 28.06 ASSUM NAME # 2 |
| | city: owner (see instruction # 8 on back of form) | Olh |
| .pau | (see instruction # 8 on back of form) | D27710 |