227 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 transaction of business is: NDICAL, RAIN FOREST 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 Name DVE MALET EPeri 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing **Retail Trade** Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Minina Services Phone number (optional): 28-762-788 4 The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business (DVE ERNON Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODV IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only Revision 2/97 IDAHO SECRETARY OF STATE 04/02/1999 09:00 CK: 3740070673 CT: 113466 DH: 203369 Signature: ( 20.00 ASSUM NAME # 2 Printed Name: 🖸 heri corpVorms/abr Capacity: <u>Owner</u> 24660 (see instruction # 8 on back of form)