Capacity: Owner/Manager

(see instruction #8 on back of form)

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: 27

	The assumed business name which the und business is:	lersigned use	(s) in the transaction price	
	K-2 Arena			
2.	The true name(s) and business address(es) business under the assumed business name	of the entity of is/are:	or individual(s) doing	
	Maria	Com	plete Address Mai to: 4 Star ID 83669/PO Ex 85 Eagl Ragle ID 83616	
			of the state of th	
3.	The general type of business transacted under the assumed business name (mark only those that apply)			
	 □ Retail Trade □ Wholesale Trade □ Agriculture □ Construction 	Fina	•	
4.	The name and address to which future correspondence should be addressed: K-2 Arena Submit Certificate of			
	PO Box 85		Assumed Business Name and \$20:00 fee to:	
	Eagle ID 83616		<i>⊋5₁₀</i> 0 Secretary of State	
5.	Name and address for this acknowledgment copy is (if other than #4 above): Washington Federal Savings	nt	700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
	PO Box 487		Secretary of State use only	
	Eagle ID 83616	Revision 1/88	D78879	
	d Name: Kenneth Jenkins	59d	IDAHO SECRETARY OF STATE 08/05/2004 05:06	

CK: 7446392081 CT: 84710 BH: 759200