CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED/EFFE 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. 00 NOV 24 AM 11: 04 1. The assumed business name which the undersigned use(s) in the transaction of STATE OF TOAHO lncina 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 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: 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 BANK OF AMERICA Boise ID 83720-0080 WAY BRANCH #96503 208 334-2301 W. 501 Appleway Coeur Galene, ID 83814 Secretary of State use only (208) 667-3537 IDAHO SECRETARY OF STATE 11/24/2000 09:00 CK: 3750217875 CT: 138869 BH: 362746 Printed Name 1 8 20.00 = 20.00 ASSUM NAME # 2 Capacity: 🗧

(see instruction # 8 on back of form)

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