CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

| | To the SECRETARY OF STATE, STA | daho Code, the undersigned AUG - 7 Pil 2: 26 Assumed Business Name, |
|----|--|---|
| 1. | The assumed business name which the inbusiness is: | undersigned use(s) in the transaction of DAHO |
| 2. | The true name(s) and business address(business under the assumed business na | |
| _ | Thomas 3 Melanie Dunn | Complete Address 1602 W Fine St. |
| 4 | Thomas A. Dunn i Melanie J. Dunn | |
| | | 83864 |
| 3. | The general type of business transacted (mark only those that apply) | under the assumed business name is: |
| | Retail Trade | Finance, Insurance, and Real Estate |
| 4. | The name and address to which future correspondence should be addressed: | Phone number (optional): 208)255-2723 |
| | 1602 W time St. Sandpoint ID | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| _ | 83864 | Secretary of State 700 West Jefferson |
| 5. | Name and address for this acknowledgm copy is (if other than # 4 above): | Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | | Secretary of State use only IDAHO SECRETARY OF STATE |

Signature: Mount Jun

Printed Name: Thomas A. Donn

Capacity: Οωνες

(see instruction # 8 on back of form)

U8/08/2000 09:00 CK: 1485 CT: 134468 BH: 339488

1 @ 20.00 = 20.00 ASSUM NAME # 2

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