## 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 2/2 Pillings 1. The assumed business name which the undersigned use(s) in the item saction of business is: 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** Richard Nohla 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 Phone number (optional): (509) 447-351/ 4. The name and address to which future 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** CODY IS (if other than # 4 above) : PO Box 83720 Boise ID 83720-0080

208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

04/12/1999 09:00

1 @ 20.08 = 20.00 ASSUM NAME # 2 D24981

Signature: Printed Name: Richard Capacity:

(see instruction #8 on back of form)