CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 99 AUG 23 PM 2: 47 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 OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Conti Graphics Quality Printing 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 LOREN W COOK 662 W Conti Drive Post Falls 10838 54 Sue L Cook 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): 201-773-5500 correspondence should be addressed: Conti Graphics Quality Printing Submit Certificate of Assumed Business 662 W Conti Drive Name and \$20.00 fee to: Post Falls, 10 83854 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 Signature: Now W Cook 08/24/1999 09:00 CK: 185 CT: 11%32 BH: 244394 Printed Name: Loren W Cook 1 8 20.00 = 28.00 ASSUM HAME # 2 28629 Capacity: OWNER

(see instruction # 8 on back of form)