Printed Name: Keith C

Capacity: member manager

(see instruction # 8 on back of form)

IFICATE OF ASSUMED DUSINESS. (Please type or print legibly. See instructions on reverse.) $\eta_{0FE0/7}$ CERTIFICATE OF ASSUMED BUSINESS NAME: 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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: OP Dealer 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 1360 Mc Dermott 83674 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 Mining 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., 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 02/17/2000 09:00 CK: 1999 CT: 126899 3H: 291235 Signature: Xuch 28.88 = 28.88 ASSUM NAME # 2