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 gives notice of adoption of an Assumed Business Name.

EFFECTIVE

FILED

2003 APR 21 AM 9:46

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   Centre Point Plaza

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
H + E LLC.	3177 Woodridge Dr
W23537	Twin Falls ID 83301

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 correspondence should be addressed:

   H + E LLC
   3177 Woodridge Dr
   Twin Falls ID 83301

   Phone number (optional): _____

5. Name and address for this acknowledgment copy is (if other than # 4 above):

   OC Evans Bank
   222 Main Ave S
   Twin Falls ID 83301

Signature: Hendrikus C Loman

Printed Name: Hendrikus C. Loman

Capacity: member

(see instruction # 8 on back of form)

Submit Certificate of Assumed Business Name and $20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

D64550

IDAHO SECRETARY OF STATE
04/21/2003 05:00
CK: 969065 CT: 158010 BH: 675832
1 @ 25.00 = 25.00 ASSUM NAME # 2

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