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: une undersigned use(s) in the transaction of
2. The true name(s) and the interest of the true name(s) and the interest of t
2. The true name(s) and business add
business under the assumed to address(es) of the entity or individual
2. The true name(s) and business address(es) of the entity or individual(s) doings name is/are:
0/52
60 CIELO Dr.
Harley IJ &3333
3. The general type of business transacted under the assumed business name is:
transacted under the assumed business name is:
See categories on the reverse
the reverse
4. The name and address
4. The name and address to which correspondence should be addressed:
PO BOX 3432 Harley Id. 63733
7 + 2. 63733
Signed Val Cul
By
Capacity sole propriedor
Submit Certificate of Acad
Business Name and \$20.00 fee to:
Secretary of State 700 West Jefferson Secretary of State use only
PO Box 83720
Boise ID 83720-0080 DATE 02/26/1997
CK #: 2291 CUST# 77198
ASSUM NAME 18 20.00= 20.00