Printed Name:

Capacity: 50/e

(see instruction # 8 on back of form)

EILED/EF

## TFICATE OF ASSURILD DOCUMENTS (Please type or print legibly. See instructions on reverse.) APR 16 AM 9: 06 CERTIFICATE OF ASSUMED BUSINESS N SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned TARY OF STATE OF IDAHO PURSUANT O To the SECRETARY OF STATE, STATE OF IDAHO 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: 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 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: Same as in Item 2 above Submit Certificate of **Assumed Business** Name and \$20.00 fee to: Secretary of State 700 West Jefferson Name and address for this acknowledgment **Basement West** CODY IS (if other than #4 above). PO Box 83720 Same as in Item 2 above Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE Signature:

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04/16/2001 09:00 CK: 10235 CT: 145053 BH: 391313

1 @ 26.80 = 20.88 ASSUN NAME # 2

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