CERTIFICATE OF ASSUMED BUSINESS NAME

| To the SECRETARY OF STATE STAT | daho Code, the undersigned gives notice of |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| The assumed business name which the undersigned use(s) in the transaction of business is: MAD MONEY DOLLAR LAND | |
| 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Address | |
| <u>Name</u> | <u>Address</u> |
| NORMAN I APFEL | 9843 COLBURN CULVER, SANDPOINT ID 83864 |
| LESLIE DAMSTROM | 9843 COLBURN CULVER, SANDPOINT, ID 83864 |
| 3. The general type of business transacted under the assumed business name is: | |
| VARIETY STORE Rotail TRANS | |
| See categories on the reverse | |
| 4. The name and address to which correspondence should be addressed: Leslie Damstrom SAME AS ABBVE P.O. Box 3034 MAD Money - Obliar Land Sandprint, I.O. 83864 Signed Lidie A. Mamstrom | |
| | Capacity Fartner |
| Submit Certificate of Assumed | Customer# |
| Business Name and \$20.00 fee Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 | Secretary of State use only IDANO SECRETARY OF STATE DATE 06/20/1997 0900 104085 2 CK #: 1 CUST# 83229 ASSEM NAME 18 20.00= 20.00 #: D 6827 |