CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO 98 MAR 27



| | Pursuant to Section 53-504, Idaho Cod- gives notice of adoption of an Assumed | e, the ບຸກຸດ Business | lersigned | AN 8: 57 | The state of the s | |
|-------|---|--------------------------|--------------------------|--|--|--|
| 1. | The assumed business name which the un business is: | dersigned | l use(s) in | AHP (ransaction | on of | |
| | coverup tile | ncoa | ting | | | |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | | | | |
| | Douglas R Month | .116 N | Complete Forth Paw | Address 813 Ma 1 Dd | ne llevet 83347 | |
| 3. | The general type of business transacted under the assumed business name is: (mark only those that apply) | | | | | |
| | ☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Construction | | = | ation and Pub nsurance, and | olic Utilities d Real Estate | |
| 4. | he name and address to which future Phone number (optional): prespondence should be addressed: | | | | | |
| | Paul Dd 83347 | | Assur | it Certificate of med Business and \$20.00 fe | | |
| 5. | Name and address for this acknowledgment copy is (if other than # 4 above): | | | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 | | |
| | D. L MANG BANK P.O. LOX 1168 | | 208 3 | 34-2301 | | |
| | BURLEY, IDAHO 83318 | 767 | | rtary of State use of SECRETARY OF STAT | • | |
| atı : | re: Doyla mort | Revision 279 | Ø3/2 CX: 3264 | 7/1998 65 R CT: 1935 1H: | 9 a 0 0 95253 | |
| alu | ie. O organ // Cor | _ | 1 0 20 | . 00 = 20.00 ASS | UM HAME | |

D 13472

Sign Printed Name: DouglAs MARTIN

Capacity: Owner

(see instruction # 8 on back of form)