

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2008 FEB 26 PM 1: 24

FILED EFFECTIVE

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| 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 enbusiness under the assumed business name: Name Thorpe Thorpe 3. The general type of business transacted under the assumed business name: Retail Trade | Complete Address 1.186V 3.378 10.054F10h 10.054F10h |
| Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Thorpe 2378 Twin Falls, Day 3303 5. Name and address for this acknowledgment copy is (if other than #4 above): | Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Bolse ID 83720-0080 (208) 334-2301 |
| Signature: (signature required) Printed Name: Trontorpe Capacity/Title: Object (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE (92/26/2008 95 # 90 CK: 1475145 CT: 172899 BH: 1181456 1 8 25.88 = 25.88 ASSUM MANE # 2 D // 9 3 8 4 |