CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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(\$) in the transaction of business is: Traditional Paths 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Jon Taylor 451 N. 7th E. #31 Soda Springs, ID 832/1 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: Ireland Bank Submit Certificate of Assumed Business PO Box 887 Attn: Angie Name and \$20.00 fee to: Soda Springs, ID 83276 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only

Signature

Printed Name: Jon Taylor

Capacity: Owner

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

01/31/2001 09:00 CK: 14448 CT: 141686 BH: 375996

1 8 20.00 = 20.00 ASSUM NAME # 2

D-43260