Capacity: (500000)

(see instruction # 8 on back of form)

TFICATE OF ASSUMED BUSINGS (Please type or print legibly. See instructions on Energy) (Please type or print legibly. See instructions on Energy) CERTIFICATE OF ASSUMED BUSINESS NAME 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(\$) And the transaction of LEGAL INJOICING 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 784 HAWKIRIDGE LN. PRIEST RIVER, ID 83856 ECINA S NIPP 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 Minina Phone number (optional (207) 265-2290 4. The name and address to which future correspondence should be addressed: LARRY + REGINA NIPP Submit Certificate of Assumed Business 184 HAWKIRIDEE LN Name and \$20.00 fee to: PRIEST KINER, ID 87856 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 IDAHO SECRETARY OF STATE 11/07/2000 09:00 CK: 5792 CT: 138159 BH: 359267 Signature: 20.00 = 20.00 ASSUM NAME # 2 Printed Name:

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