CERTIFICATE OF ASSUMED BUSINESS NA To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: HLL TOOL REPAIR . . 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 Name St. Unit #5 MARK J. TUCKER 760 Thornton Post Falls, Idnho 83854 3. The general type of business transacted under the assumed business name is: Services See categories on the reverse 4. The name and address to which correspondence should be addressed: TOOL REPAIR ALL 760 Thornton Unit # 5 Fost Falls ID 83854 Signed Mark By Capacity Submit Certificate of Assumed Customer # IDAHO SECRETARY OF STATE Business Name and \$20.00 fee to: Secretary of State 28.08 = 28.08 ASSUM HAME # 2 700 West Jefferson PO Box 83720 0 24382 Boise ID 83720-0080