CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAH 9: 21 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name CSTATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: LAWA JETVICE 115561 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 523 AIRWAY Dr. 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 Minina 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: 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: 4 Capacity: 🐧 🔾

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

07/01/1999 09:00 CK: 1722 CT: 117506 BH: 230429

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