TFICATE OF ASSUMED BUSINES (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) (Please type or print legibly. See instructions on reverse) CERTIFICATE OF ASSUMED BUSINESS NAM 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(s) in the transaction business is: Muffler of Welding 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 4621 E. Cleveland Blut, Coldwell, ID 83605 3. The general type of business transacted under the assumed business name is: (mark only those that apply) X Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): 208-455-7515 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Cleveland 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 IDANO SECRETARY OF STATE 04/28/1998 69:06 CK: 1147 CF: 97912 BH: 185318 Signature: 1 8 20.00 = 20.00 ASSUR MARE Printed Name X14424 Capacity: (see instruction # 8 on back of form)