Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDA SEP -2 PM 3: 38 Pursuant to Section 53-504, Idaho Code, the undersigned TATE gives notice of adoption of an Assumed Bysiness hame Ho 1. The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address 5603 Franklin Rd. Brise, 1D 83706 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 Construction Services Mining Phone number (optional): (208) 3:43-3113 4. The name and address to which future 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 09/03/1999 09:00 CK: 2352 CT: 129878 BH: 247244 Signature: 29.88 = 29.88 ASSUM NAME # 2 Printed Name: Lita