CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

| | (Please type or print legibly. | ۱۱ر S | ee instructio | ns on reverse.) |
|----|---|----------|-------------------------------|--|
| | To the SECRETARY OF STATE, ST Pursuant to Section 53-504, logives notice of adoption of an | dal | ho Code, the | undersigned so |
| 1. | The assumed business name which the business is: GREATNEWS N | | | se(s) in the transaction of |
| 2. | The true name(s) and business address business under the assumed business n | es an |) of the entity ne is/are: | y or individual(s) doing |
| | Name NAMES WALKER | _ | | mplete Address ・3υ 3015는 , ID 8370 3 |
| 3. | The general type of business transacted (mark only those that apply) | un | der the assu | med business name is: |
| | Retail Trade | | Fin | ansportation and Public Utilities ance, Insurance, and Real Estate ning |
| 4. | The name and address to which future Phone number (optional): $\frac{208 \cdot 338 \cdot 6932}{385 \cdot 0539}$ | | | |
| | JAMES WALKER 1718 N. 30 | | | Submit Certificate of Assumed Business |
| | Bolse, 10 83703 | | | Name and \$20.00 fee to: Secretary of State |
| 5. | Name and address for this acknowledgme copy is (if other than # 4 above): | | t | 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | | | /8ion 1/98 | Secretary of State use only IDAHO SECRETARY OF STATE |
| | June 2 les | | * | 12/17/1999 09:00 |

Signature. // Men Molle

Printed Name: JAMES WACKER

Capacity: OWNER

(see instruction # 8 on back of form)

1 @ 20.00 = 20.00 ASSUM NAME # 2

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