FILED/EFFECTIVE

CERTIFICATE OF ASSUMED BUSINESS CHARVES AH 9: 14

| | the SECRETARY OF STATE, STATE OF ID Pursuant to Section 53-504, Idaho Code, loptlon of an Assumed Business Name. | | STATE OF IDAHO gned gives notice of |
|----------------|--|-------------------|---|
| 1. | The assumed business name which the undersigned use(s) in the transaction of business is: | | |
| 2. | business under the assumed business name is/are: | | |
| | -Kon Levinson Le | 09 W APP | Ok way - Coeurd Mere 10 83014 |
| 3. | The general type of business transacted und 1 - Retail Tracle See categories on the reverse | der the assur | ned business name is: |
| 4. | The name and address to which correspondence should be addressed: Furniture Broker | | |
| | 609 MAppleway - Coeural Alene 1883814 | | |
| | Signed Roy Ron Levinson | | |
| | By <u>O</u> L | onele, CA | A Furniture Liquidators |
| Capacity Owner | | | |
| | Submit Certificate of Assumed Business Name and \$20.00 fee to: | Cuslom er# | IDAHO SECRETARY OF STATE 64/28/2666 69:00 CK: 1187 CT: 12824 BH: 212952 |
| | Secretary of State 700 West Jefferson | 56.70). Cos | 1 # 20.00 = 20.00 ASSUM NAME # 2 |

formstabh, pmb

1)35350

PO Box 83720

Boise ID 83720-0080