227 CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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 of business is: OF STATE N(PL) Horizons ME DE IDAHO 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 Name HOBED 41033ELachanter, Rd. rearge L 83835 Hayden Lake 10 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Agriculture Wholesale Trade Minina Construction Services 4. The name and address to which future Phone number (optional): \_\_\_\_\_ correspondence should be addressed: Submit Certificate of Assumed Business Lachance Kd Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 COPY IS (if other than # 4 above). Boise ID 83720-0080 ant of America 208 334-2301 Secretary of State use only Revision 2/97 Signature kcorpNormsNathn pni6 Printed Name: IDAHO SECRETARY OF STATE 05/22/2002 05:00 CK: 1 CT: 160624 BH: 467272 Capacity: Thesiden 1 8 29.99 = (see instruction # 8 on back of form)