CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions of pyers To the SECRETARY OF STATE, STATE OF IDAH & Con. Pursuant to Section 53-504, Idaho Code, the unique signer 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: UVUIUORS LLULIMITED 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 MARLEUR CHASTAIN BRICHER YOMEOGIE ID 93628 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Mining Services Phone number (optional): 208 453 -1767 4. The name and address to which future correspondence should be addressed: SURVIVORS UNUMITED Submit Certificate of Assumed Business MARIEVE CHOSORIN Boucher Name and \$20.00 feeto: PO BOX 263 Homeone ID Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301

05/26/1998 09:08 CX: 1359 CT: 9906 DH: 112362

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Signature: Malen C. Bruch

Printed Name: <u>MARIENE C BOUCHER</u>

Capacity: owner

(see instruction # 8 on back of form)