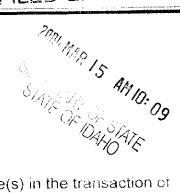


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)



The assumed business name which the under ousiness is: 45LIN LOCK + ALARI	νι
The true name(s) and <u>business</u> address(es) obusiness under the assumed business name Name Down LAS K ASLIN KUSTINA KHY-PSCIN The general type of business transacted und	Complete Address BOX 648 49 Beryl St VICTOR, ID 83455 49 Beryl St VICTOR, ID 83455
Retail Trade Transportation a Wholesale Trade Construction X Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Doubles R. 1856 Po. Bex Lye VICTOR TD 83455	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5 Name and address for this acknowledgmer COpy is at other than # 4 above).	Phone number (optional): 208 787 - 0557
Signature: Dauglas K Ascin Capacity/Title Owner	Secretary of State use only \[\begin{align*} \beg