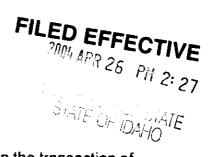


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



| The assumed business name which the undersigned business is: RAVIN STAMPS | ed use(s) in the transaction of |
|---|--|
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Daniel Parrish 47 | entity or individual(s) doing <u>Complete Address</u> DAUIS RA, SAGLE, ID83860 |
| 3. The general type of business transacted under the | assumed business name is: |
| Retail Trade | 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 acknowledgment copy is (if other than # 4 above). | Phone number (optional): (208)265-4181 |
| 8 | Secretary of State use only |
| Signature: Dem Parrish Printed Name: Dan Parrish Capacity/Title: Owner (see instruction #8 on back of form) | IDANO SECRETARY OF STATE @4/26/2004 @5:00 CX: 6749 CT: 158010 BH: 741465 1 0 25.00 = 25.00 ASSUM NAME # 2 |

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