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 trailsaction of business is: FULL BLOWN 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 EXAN HEANGR $P.0.Bov 22^{-3}$ 3. The general type of business transacted under the assumed business name is (mark only those that apply) Retail Trade Transportation and Public Utilities Manufacturing Wholesale Trade Agriculture Finance, Insurance, and Real Estate Construction Minina Services 4. The name and address to which future Phone number (optional) correspondence should be addressed: ULL BLAWK/ Submit Certificate of Assumed Business Name and \$20.00 fee to: 83201 CATELLO IDD Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Same as above" MAN SENE SET BY STAREY 12/87/1999 89:00 IX: 968644 CT: 123812 NH: 27178 Signature:_ 1 2 20.00 = 20.00 ASSIN NOVE 0 2 D 31325 Printed Name: /* Capacity:

(see instruction # 8 on back of form)