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: EXPERT FURNITURE ASSEMBLY 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 Martinez 4210 W. STATE #25 Daniel Boise, 83703 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate ² Services Construction Mining 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: Dan Martinez Submit Certificate of Assumed Business 4210 W. State #25 Name and \$20.00 fee to: Boïse Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODV IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 IBANG SETAP IN THE USPANELY 09/01/1999 09:00

Signature: DAN MARZINGZ

Capacity: Owner Operator

(see instruction # 8 on back of form)

1 0 20.00 = 20.00 ASSUM NAME # 2

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