Capacity: Owner

(see instruction # 8 on back of form)

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 business is: opspin lennis 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Michael E. Lewis Complete Address 887 W. Greenhead St Meridian, 1D 83642-7709 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 Services Construction Minina 4. The name and address to which future Phone number (optional): 208 - 895 - 0973 correspondence should be addressed: Michael E. Lewis Submit Certificate of 887 W. Greenhead St. Assumed Business Name and \$20,00 fee to: Meridian, 10 83642-7709 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 Secretary of State use only IDAHO SECRETARY OF STATE 07/29/1998 09:00 CK: 2168 CT: 192117 BH: 132244 Printed Name: Michael E. Lewis

1 0 20.68 = 20.68 ASSUM NAME

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