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 9: 05 Pursuant to Section 53-504, luand 500, gives notice of adoption of an Assumed Business Name, OF STATE 1. The assumed business name which the undersigned use(s) in the transaction business is: Quick Claim BILLING 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address 159 STANTORD 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Retail Trade Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): (208) 734 - 899 5 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business Quick Claim Billing Name and \$20.00 fee to: POCATELLO TO 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 09/18/2000 09:00 CK: 584 CT: 136892 BH: 348842 Signature: 1 # 20.00 = 20.00 ASSUM NAME # 2 Printed Name: >k yen :\corp\forms\abn.p65 739026 Capacity: OWNER

(see instruction # 8 on back of form)