| CERTIFICATE OF ASSUMED BUSINESS NAME<br>(Please type or print legibly. See instructions on reverse.)  |  |
|---|--|
| To the SECRETARY OF STATE, STATE OF IDAHO<br>Pursuant to Section 53-504, Idaho Code, the undersigned<br>gives notice of adoption of an Assumed Business Name.   |  |
| <ol> <li>The assumed business name which the undersigned use(s) in the transaction of<br/>business is:</li> </ol>   |  |
| SAFFRON   | s H  |
| 2. The true name(s) and business address(es) of the entity or individual(s) business under the assumed business name is/are:  |  |
| GROVE ST. ENTERPRISES 13  | <u>Complete Address</u><br>SQ( <u>E</u> , <u>JE(FERSON</u> SY. |
|   | 30.5E, ID. 83762ª  |
|   |  |
| 3. The general type of business transacted under the assumed business name is:<br>(mark only those that apply)  |  |
| Retail Trade       Manufacturing       Transportation and Public Utilities         Wholesale Trade       Agriculture       Finance, Insurance, and Real Estate         Services       Construction       Mining |  |
| 4. The name and address to which future Phone number (optional):<br>correspondence should be addressed:   |  |
| ALAN HEAD JR.   | Submit Certificate of<br>Assumed Business                      |
| 451 W. Main St.   | Name and <b>\$20.00</b> fee to:                                |
| BOISE I.D. 83702  | Secretary of State<br>700 West Jefferson                       |
| 5. Name and address for this acknowledgment   | Basement West  |
| COPY IS (if other than # 4 above).  | PO Box 83720<br>Boise ID 83720-0080                            |
|   | 208 334-2301   |
|   | Secretary of State use only<br>IDAHO SECRETARY OF STATE        |
| Signature: Ard Hrod   | 07/06/2000 09:00<br>CK: CASH CT: 133197 BH: 331482             |
| Printed Name: <u>ALAN HEAD</u> TR.  | 1 @ 20.00 = 20.00 ASSUM NAME # 2                               |
| Printed Name: <u>MTHO</u> COMAGE States<br>Capacity: <u>OWNER/Merse</u><br>(see instruction # 8 on back of form)  | D 37177  |
| (see instruction # 8 on back of form)   |  |