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, In gives notice of adoption of an	daho Code, the undersigned
The assumed business name which the business is:	r en
I CON OF BOISE	
The true name(s) and business address(business under the assumed business n	
Icon of Boise	Complete Address 1107 N. 201 BOISE, IN 83702
_	1107 N. 20th BOISE, ID. 83702
,	4004 Colliston DR: 83703
The general type of business transacted (mark only those that apply)	under the assumed business name is
 □ Retail Trade □ Wholesale Trade □ Agriculture □ Services □ Construction 	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed:	Phone number (optional):
1107 N. 20 H	Submit Certificate of Assumed Business Name and \$20.00 fee to:
3015€, Ib. 83702 5. Name and address for this acknowledgm copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature:	1DAHO SECRETARY OF STATE (11/30/1998 09:00 CK: CASH CT: 107437 BH: 145862
	1 8 20.00 = 20.00 ASSUM NAME # 2
Printed Name: KOKY M. HAMMERSMAKK Capacity: PARTNER	D. 20390
(see instruction #8 on back of form)	₩ogd.