CERTIFICATE OF ASSUMED BUSINESS N (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: Mainting Faux Effects 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 Hame (Tampbell 6620 Mordon dr 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Finance, Insurance, and Real Estate Retail Trade Agriculture Wholesale Trade Mining Construction Services Phone number (optional): _____ 4. The name and address to which future correspondence should be addressed: Submit Certificate of Reese Assumed Business Name and \$20.00 fee to: 2635 Secretary of State 33**7**04 0,30 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 copy is (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE Ø6/19/1998 Ø9:00 CK: CASH CT: 100487 BH: 121195 1 @ 20.06 = 20.06 ASSUM WAME Signature: DIWZ9 Printed Name: Dees e Capacity: Duves (see instruction # 8 on back of form)