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 39 AND Pursuant to Section 53-504, Idaho Code, the unders gives notice of adoption of an Assumed Business Mamei E 1. The assumed business name which the undersigned use(s) in the transaction of business is: The Market Governet 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 Name 317- E. Selfice when for Falls BRAD & CARE Liberty lake, wa. 99019 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 Mining Phone number (optional): (208) 773-4714 4. The name and address to which future correspondence should be addressed: Drad Case Submit Certificate of Assumed Business 317-E. Selfice Way Name and \$20.00 fee 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 05/24/1999 09:00 CK: 5330 CT: 115898 BH: 219333 Signature: 1\_ 1 @ 20.00 = 20.00 ASSUM NAME # 2 Printed Name: 5 - 5 &

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