## TFICATE OF ASSUMED BUSINESS PORTION (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) CERTIFICATE OF ASSUMED BUSINESS NAME 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: SUN RICO ENTERPRISES 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 LOREHA 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 Minina Phone number (optional): 308 578-9723 4. The name and address to which future correspondence should be addressed: LOREHA Submit Certificate of Assumed Büsiness Name and \$20,00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODV IS (if other than # 4 above): PO Box 83720 / Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE 02/10/2000 09:00 CK: CASH CT: 126539 BH: 289841 1 8 28.88 = 28.88 ASSUM MANE # 2 Printed Name: Capacity: (see instruction # 8 on back of form)