CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 98 DEC 22 AM 9: 52 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned STATE OF STATE gives notice of adoption of an Assumed Business Name. The assumed business name which the undersigned use(s) in the transaction of 1. business is: MAGIC BOWL The true name(s) and business address(es) of the entity or individual(s) doing business 2. under the assumed business name is/are: **Complete Address** Name 0116181 340 2nd Ave. East JAMKAM, INC. Twin Falls, ID 83301

The general type of business transacted under the assumed business name is:

(mark only are	oo mar apply/	
[x] Retail Trade[] Wholesale Trade[x] Services		nsportation and Public Utilities ince, Insurance, and Real Estang
	ldress to which future Phone i should be addressed:	number (optional):
 Name and address for this acknowledgement copy is (if other than #4 above): 		Submit Certificate of Assumed Business Name and \$20.00 fee to:
Signature: 4 MC	a.M.Class	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 33444664686767677 OF STATE

(mark only those that apply)

Joe A. McClure

(see instruction #8 on back of form)

President

3.

Signature:

Capacity:

Printed Name:

20.00 = 20.00 ASSUM HAME # 2

Estate

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