TFICATE OF ASSUMED BUDING (Please type or print legibly. See instructions on reversible (Please type or print legibly. See instructions on reversible (Please type or print legibly. See instructions on reversible (Please type or print legibly.) 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: DL 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: Complete Address DENNIS LASLEY 1169 HOLMAN AVE POLATELLO JD 832 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 4. The name and address to which future Phone number (optional): (208) 237-4958 correspondence should be addressed: DENNIS LASLEY Submit Certificate of 1169 HOLMAN AVE **Assumed Business** 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

Signature: Lennin Laskey

Printed Name: DENNIS LASLEY

Capacity: PRESTDENT

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

08/06/2001 05:00

CK: 647 CT: 149724 BH: 411969

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