FILED

CERTIFICATE OF ASSUMED BUSINESS NAME

| Pursuant to Sadoption of an Assu | med Business Name. | the undersigned gives notice of STATE STATE OF IDAHO |
|---|--|--|
| Dusiness is: | o's MALIAN K | ersigned use(s) in the transaction of |
| 2. The true name(s business under | and business address(es) the assumed business name Name CONTRACTOR A | of the entity or individual(s) doing is/are: Address 308 W. 62 St. Moscow, TD 83843 |
| 3. The general type of business transacted under the assumed business name is: See categories on the reverse | | |
| 4. The name and address to which correspondence should be addressed: Ellen Roskovich - 308 W. 4D St | | |
| Signed Tamings By Held Capacity Owner | | |
| | erson | Customer # IDANS'SECRETARITY 12/11/1997 09:00 CK: 34554 CT: 98993 BH: 62719 1 8 28.88 = 28.80 ASSUM NAME |