TFICATE OF ASSUMED BUSINESS.) (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 26 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: tencina 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 PaBox 294 Kimberly Id, 8334 POBOX 294 Kimberly Id, 8334/ 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): correspondence should be addressed: Submit Certificate of 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: (naid T Printed Name: ` Capacity: 🔘 (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 03/04/2002 05:00 CT: 158010 BH: 449618 20.08 ASSUM NAME # 2 CK: 90130717528 1 8 28.00 =