IFICATE OF ASSUMED BUSINESS.) (Please type or print legibly. See instructions of leverse.) CONTROL STATE OF IDAHO Control the undersigned 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 C 31 AM 9 1. The assumed business name which the undersigned use(s) in the transaction STATE OF IDAHO business is: Wild Shors Paintba 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 Coeur d'Alene 83815 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Services Construction 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: Alene, Id. 83815 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: IDAHO SECRETARY OF STATE 12/31/2001 05:00 CK: 5290 CT: 155119 BH: 437267 Printed Name: Capacity:

(see instruction # 8 on back of form)

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