CERTIFICATE OF ASSUMED BUSINESS NAME: (Please type or print legibly. See instructions on reverse.) 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: JALI-T FURNITURE STRIPPING 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 Name 16 Rocky Springs Ro Boise 10, 837 6 LONNE D. HUDD 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 Construction Mining Services Phone number (optional): __ 4. The name and address to which future correspondence should be addressed: JOHNIE HUDD Submit Certificate of Assumed Business 16 Raky Springs Ro Name and \$20.00 fee to: Boise 10 83716 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 IDAHO SECRETARY OF STATE 10/26/1998 09:00 CK: 3858 CT: 183112 BH: 156835 1 8 28.80 = 28.00 ASSUM MAME # 3 Printed Name: 4 19360 Capacity:

(see instruction # 8 on back of form)