CERTIFICATE OF ASSUMED BUSINESS NAME IFICATE OF ASSURIED DO PEFFECTIVE (Please type or print legibly. See instructions LED/PFFECTIVE SECRETARY OF STATE, STATE OF IDAHO OF APR 3 PH 2: 34 To the SECRETARY OF STATE, STATE OF IDAHO gives notice of adoption of an Assumed Business Name AY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is:_ 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 /3810 TAMARACK RIDG ROAD CATALDO ID838101 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: 13810 TAMARACK RDG RD Submit Certificate of Assumed Business 'ATALDO ID 83810 Name and \$20.00 fee to: 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 **ISOUR GECRETARY (OF LATRIE)** y 04/04/2000 09:00 CK: 1873 CT: 124917 BH: 385566

Signature:

Printed Name: V

Capacity: Dartner

(see instruction # 8 on back of form)

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