CERTIFICATE OF ASSUMED BUSINESS TFICATE OF ASSURIED BUSINESSES (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: CUSTOM CANDIES OF IDAHO 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address RYAN JENSEN 131 BAKER ST. # 203, MOSCOW, ID 83843 NIA N/A 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 Minina 4. The name and address to which future Phone number (optional): (208) 301-0444 correspondence should be addressed: RYAN JENSEN Submit Certificate of Assumed Business 2976 SONORA DR. Name and **\$20.00** fee to: IDAHO FAUS IN 83404 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 RYAN JENSEN Boise ID 83720-0080 208 334-2301 131 BAKER ST. #203 Secretary of State use only MOSCOCA, ID 83843 Signature: t

Printed Name: RYAN JENSEN

(see instruction # 8 on back of form)

Capacity: PRESIDENT

IDAHO SECRETARY OF STATE

12/21/2000 09:00 CK: 1022 CT: 139895 BH: 368169

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