IFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse.) TATE STATE OF IDAHO TO 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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Enterprises 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 - Liercke 2456 Liercks. 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): 208-599-1755 correspondence should be addressed: REM Enterprises Submit Certificate of Assumed Business Name and \$20.00 fee to: Mountain Home, ID 83647 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: Kombil K. L. o. h. o

Printed Name: RonalD R Lier(Ke

Capacity: Geneval Partener

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE

91/30/2002 95:00

CK: 3653 CT: 156521 BH: 443111
1 8 20.00 = 20.00 ASSUM MANE 0:

D51571