CERTIFICATE OF ASSUMED BUSINESS NAME :0 []] 72 [][(() 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 ្លា business is: ORMAtion Services NHPORIL 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: INTLE <u>YII Creurd Alene Ave Coeudalene</u> Name ANAS Idaho 83814 (208) 666-1352 3. The general type of business transacted under the assumed business name is: ORVICE See categories on the reverse 4. The name and address to which correspondence should be addressed: NADA SPRINTI-C 10th St Courd Plene-1500 Signed Alana Sminkle Diana SPRINKIL By Capacity OWNET SSN 518-78-3848 Customer # Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State use only 0,00 IDAHO SECRETARY OF STATE Secretary of State RUNINU 01/27/1999 09:00 CK: 1867 CT: 116216 DH: 182274 700 West Jefferson PO Box 83720 29.98 = 29.98 ASSUM NAME # 2 Boise ID 83720-0080 D22516