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: OUNIC I I FROGRAM 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 Address LEA FLOCCHINI 1121 WOLFTONE DR 3. The general type of business transacted under the assumed business name is: SERUICES: & DVCATION) See categories on the reverse 4. The name and address to which correspondence should be addressed: FLOCCHINI BOX 2603 HATLES Signed <u>laktoral</u> Ву Capacity Submit Certificate of Assumed Customer# Business Name and \$20.00 fee to: Secretary 1/517/1998 09:00 Secretary of State CX: IV CT: 106896 PH: 162274 700 West Jefferson 1 @ 20.00 = 20.00 ASSEM NAME # 2 PO Box 83720

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Boise ID 83720-0080