Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINE (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: POST OF TOP 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 BrenDALKISER 10850 ChADAITAL Rd 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 Construction Services Mining 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: 10850 Chaparral Submit Certificate of **Assumed Business** Name and \$20.00 fee to: 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 IDAHO SECRETARY OF STATE 12/22/2000 09:00 CK: 4233 CT: 139962 BH: 368538 Signature: ___ 1 @ 20.88 = 26.00 ASSUM NAME # 2 Printed Name: Brenda L Kisen

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