Signature:

Capacity:

Printed Name: E/

(see instruction # 8 on back of form)

TFICATE OF ASSUMED BUDING (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) 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. IATE OF 10 A HO STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: 4.3 E1/E Co. 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Elvina PRAEGITZER 228 Churchitt 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing **Retail Trade** Finance, Insurance, and Real Estate Wholesale Trade **Agriculture** Mining Construction Services 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: 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** PO Box 83720 CODY IS (if other than #4 above): Boise ID 83720-0080 SAME 208 334-2301

Secretary of State use only IDAHO SECRETARY OF STATE

03/23/2001 09:00 CK: 182 CT: 144865 BH: 366764

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