CERTIFICATE OF ASSUMED BUSINESS NAME (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 Filteries Mariel 6

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2. The true name business unde		ness addr	ess(es) o	f the	entity		ividual(s)	doing	
Nama wa wa 1871	Name	_	_				Address		
ema <u>ray Funera</u>	Service,	Inc. 73	37 Main	St.	Good	ing.	Idaho	83330	
lowe <u>ll D. Demar</u>	ay, Presi	dent Ju	dith K	. Dei	maray	Sec	-Tres		
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Dowell D. Demaray, President November 24, 1998

11/27/1998 09:00 CK: 4751 CT: 186946 BH: 165261

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