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 But 2:

To the SECRETARY OF STATE OF	ATE OF IDAHO FILED/EFFECTIVA Assumed Business Name.
gives notice of adoption of an A. The assumed business name which the u business is:	Assumed Business Name. Indersigned use(s) in the transaction of
The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing
Barbara Goff	Complete Address 500 E. Main
	Grange 11.11 0, 70 83530
The general type of business transacted u	
Retail Trade Manufacturin Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
The name and address to which future correspondence should be addressed:	Phone number (optional): 205-983-0675
Darbera Gott 500 E Main	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Name and address for this acknowledgmen copy is (if other than #4 above):	Secretary of State
Ralla Oll	Secretary of State use only

Signature: Das Ouc Printed Name: 5 Capacity: Own Or

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 07/30/2001 05:00 CK: 2850 CT: 148565 BH: 418317 1 8 28.88 = 20.88 ASSUM NAME # 2 047156