CERTIFICATE OF ASSUMED BUSINESS NAME

| To the | SECRE | TARY | OF | STATE. | STATE | OF | IDAHO |
|--------|-------|------|----|--------|-------|----|-------|
|--------|-------|------|----|--------|-------|----|-------|

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 bus | iness name which | the undersigned | use(s) in the tran | saction of |
|----|-----------------|------------------|-----------------|--------------------|------------|
| | business is: | | o 1 | 11. | |
| | · | Malene | Cat | 1.4.6 | |

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 toda h | 1625 W. Apr | plower Colf |
|-------------|-------------|-------------|
| | | 33859 |

3. The general type of business transacted under the assumed business name is:

| Galf Cast | Levials | |
|----------------------------|---------|--|
| See categories on the reve | rse | |

4. The name and address to which correspondence should be addressed:

Capacity Owner

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Boise ID 83720-0080

Secretary of State 700 West Jefferson PO Box 83720

Customer#

Secretary of State use only

IDAHO SECRETARY OF STATE DATE 02/24/1997 0900 66687 CLET# 77051 ASSEM NAME 18 20.00= 20.00