

Printed Name: BARBARA

(see instruction # 8 on back of form)

Capacity/Title: \

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2012 NOV -6 AM 8: 55

Please type or print legibly.

OF A STEEL STATE OF A STATE

| | NOTE: See instructions on reverse before filing. SECRETARY OF STATE OF IDAHO | |
|----|--|--|
| 1. | The assumed business name which the undersigned use(s) in the transaction of pusiness is: | |
| | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Complete Address 1/5 FAIRMONT DR Weiser, ID 836 TACK P. M. DANIEL 1227 County Rd 70-Weiser, 8367 BARBARA M. DANIEL 115 FAIRMONT DR Weiser, ID 836 | |
| 3. | The general type of business transacted under the assumed business name is: Retail Trade | |
| • | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): | |
| | Copy is (if other than # 4 above): 308549-1378 Secretary of State use only | |

IDAHO SECRETARY OF STATE
11/06/2012 05:00
CK: 18266 CT: 275957 BH: 1346547
1 @ 25.00 = 25.00 ASSUM NAME # 2