

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

| ASSUMED BUSINESS NAI Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing | rsigned Name. Name. Name. |
|--|---|
| The assumed business name which the undersign business is: Las Pay Nas (Las | ed use(s) in the transaction of |
| 2. The true name(s) and business address(es) of the business under the assumed business name: Name Name | entity or individual(s) doing Complete Address 80-61014 Pullman 2500 ID. 83843 |
| 3. The general type of business transacted under the Retail Trade Wholesale Trade Agriculture Agriculture Manufacturing Mining Finance, Insurance, and Rea! Estate 4. The name and address to which future correspondence should be addressed: Maria ADC TO 83843 5. Name and address for this acknowledgment copy is (if other than # 4 above): | |
| inature: On an inature | |

IDAHO SECRETARY OF STATE 05/19/2005 05:00 CK: 40 CT: 158010 BH: 811356 1 @ 25.00 = 25.00 ASSUM MAME # 2