CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO $_{\odot}$ Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name OF 1. The assumed business name which the undersigned use(s) in the transaction of business is: Sweetgrass Resource Consulting 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 Complete Address Jennifer Costich-Thompson P.O. Box 508 Sagle ID 83860 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): correspondence should be addressed: Sweetgrass Resource Consulting Submit Certificate of Assumed Business P.O. Box 508 Name and \$20.00 fee to: Sagle ID 83860 Secretary of State 700 West Jefferson Name and address for this acknowledgment **Basement West** COPY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE 03/01/2001 09:00

Signature

Printed Name: Jennifer Costich-Thompson

Capacity: Sole proprietor

(see instruction # 8 on back of form)

CK: 1136 CT: 142948 BH: 38288

28.88 = 28.80 ASSIM NAME # 2

#D43122