CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 78 NOV 30 Pursuant to Section 53-504, Idaho Code, the undersigned SECRETARY OF STATE OF IDAHO gives notice of adoption of an Assumed Business Name. STATE OF IDAHO	
The assumed business name which business is: Centre Thea	ch the undersigned use(s) in the transaction of
The true name(s) and business ac business under the assumed business Name Kent T Lott	Idress(es) of the entity or individual(s) doing ness name is/are: Complete Address 3545 East Michelle Street Idaho Falls, ID 83401
Ingrid C Lott 3. The general type of business trans (mark only those that apply)	3545 East Michelle Street Idaho Falls, ID 83401 sacted under the assumed business name is:
Wholesale Trade Agric	
Centre Theater 3545 East Michelle Street Idaho Falls, ID 83401	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknow copy is (Fother than # 4 above): Zions Bank PO Box 54	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: In The Ingrid Connective Owner Connective Owne	C Cott IDAHO SECRETARY OF STATE 11/30/1998 09:00 CK: 6019 CT: 186265 BH: 165653 18 20.06 = 20.06 ASSUM NAME # 2 20378