Signature

Printed Name:

0-owner

nee Instruction # 8 on back of form)

Capacity: (

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly) no FES 25 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. STATE UT 1. The assumed business name which the undersigned use(s) in the transaction of business is: ... WHAT ABOUT MEN 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address N24220 Grouse Rd Ro 3. The general type of business transacted under the assumed business name is: (mark only those that apply) X 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 correspondence should be addressed: Submit Certificate of **Assumed Business** Name and \$20.00 fee to: Secretary of State 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301

Secretary of State use only

IBAHO SECRETARY OF STATE 62/25/2002 65 2 6 CK: 3771 CT: 157880 BH: 446 1 8 28.86 = 28.80 ASSUM NAM

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