CERTIFICATE OF ASSUMED BUS**HNESS, NAM**E (Please type or print legibly. See instructions of lev To the SECRETARY OF STATE, STATE OF IDAHO SEP 28 PM 2: 54 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Busines Name: OF STATE 1. The assumed business name which the undersigned use(\$) in the transaction of business is: CARAPHICS 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 Name 1815 S. ARCADIA BOISE 110 83705 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: Submit Certificate of Assumed Business ARCADIA Name and \$20.00 fee to: 4001SE 108 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only

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IDAHO SECRETARY OF STATE

09/28/2000 09:00 CK: 1286 CT: 136611 BH: 351488

1 0 20.00 = 20.00 ASSUM NAME # 2

D 39353

Signature:

Printed Name: Sand

Capacity: RESIDENT

(see instruction # 8 on back of form)