CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: ields and Shields Antiques ECOLLECTIBLES 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 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 Finance, Insurance, and Real Estate Agriculture Construction Mining Services 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson

5. Name and address for this acknowledgment CODV is (if other than # 4 above):

700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only

1DAHO SECKETARY OF STATE

61/24/2006 69:00 CK: CASH CT: 125572 BH: 283594

1 0 20.00 = 20.00 ASSUM NAME # 2

D32481

Signature: Sharlynne Shields

Capacity: Business owner

(see instruction # 8 on back of form)