Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Nov 3 1/21 M 100 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)Sin the transaction of business is: Pride-Anto 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 Jacobsen III W 43rdst Trista 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Construction Mining Services Phone number (optional): _____ 4. The name and address to which future correspondence should be addressed: rista Jacobsen Submit Certificate of **Assumed Business** 43rd St Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODV is (if other than # 4 above). Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE 11/03/2000 09:00 CK: CASH CT: 138883 BH: 358759 Signature: M 29.00 ASSUM NAME # 2 Printed Name: