CERTIFICATE OF ASSUMED BUSINESS NAME

PILEDEFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Man 13 3 17 PH 101

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

SECTION

| The assumed business name which the undersign business is: | |
|--|---|
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name | entity or individual(s) doing Complete Address |
| Victoria Arnold 40. | 18 Quail Ringe Dr. |
| 3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction X Services Agriculture | Public Utilities |
| Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Executive Protocol 4088 Duail Ringe Or Boisw ID 43703 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgment copy is (if other than # 4 above). | Phone number (optional): (204) 3 43 - 4645 |
| is a sample of the state of the | Secretary of State use only IDAHO SECRETARY OF STATE 03/13/2001 09:00 CK: CASH CT: 126141 BH: 384386 |
| Printed Name: Victoria Arxeld | 1 % 28.88 = 28.88 ASSUM WAME # 2 |
| Signature: Victoria Arnold Capacity: Pressing to Never 1000 Never | 743511 |