CERTIFICATE OF ASSUMED BUSINESS NAME

| (Please type or print legibly. | • |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| To the SECRETARY OF STATE, STATE OF IDAHOU MIR 28 AM 9: 23 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name of the state of th | |
| 1. The assumed business name which the un | dersigned use(s) in the transaction of |
| business is: | Moon Enterprises |
| The true name(s) and business address(es business under the assumed business named) | s) of the entity or individual(s) doing |
| BRANDEY ST CLAIRE 19 | Complete Address 970 St Maries Ave, COA, 70 83814 |
| | |
| The general type of business transacted un (mark only those that apply) | nder the assumed business name is: |
| Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction | Transportation and Public Utilities Finance, Insurance, and Real Estate Mining |
| The name and address to which future Pl correspondence should be addressed: | hone number (optional): 208-669-6779 |
| BRANDEY ST CLAIRE | Submit Certificate of |
| 1920 St Mories Ave | Assumed Business |
| - · · · | Name and \$20.00 fee to: |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | Secretary of State use only IDAHO SECRETARY OF STATE |
| 10100 | 6 03/30/2001 09:00 CK: 2195 CT: 144329 BH: 387954 |
| ignature: Jane | 2 1 0 20.00 = 20.00 ASSUM NAME # 2 |

Printed Name: BRANDEY ST CLAIRE

Capacity: President

(see instruction # 8 on back of form)

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