Capacity:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED/EFFECTIVE 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 TARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: 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 Lyn Hellen Quanapusar Pl Boise Id. 183712 3. The general type of business transacted under the assumed business name is: (mark only those that apply) ∕Transportation and Public Utilities Retail Trade Manufacturing Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Construction 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 **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** 05/31/2000 09:00 CK: 4297 CT: 131739 BH: 322191 1 # 20.00 = 28.00 ASSUM NAME # 2 Printed Name: <u>Lyw Hellen</u> D 36168

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