Capacity: OWNER

(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 99 May Pursuant to Section 53-504, Idaho Code, the undersigned April 52 1. The assumed business name which the undersigned use(s) in the business is: MUDPIES 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 CLAAR 607 MCDEVMOH AVE CARLA NAMPA 83687 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): (208) 467 7214 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business McDermott Rd Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above) I Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **05/07/1999 09:00** CK: 1735 CT: 115226 BH: 214815 Signature: Unrla Claar 1 @ 20.00 = 20.00 ASSUN NAME # 2 Printed Name: ______ ARIA D 25821