CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned վ լս ԲԱ gives notice of adoption of an Assumed Business Name (1) 1. The assumed business name which the undersigned use(s) in the transaction of business is: Cliff's Guns Safes and Reloading 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 C.EC65R Sandhurst Drive 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Transportation and Public Utilities Retail Trade Agriculture Finance, Insurance, and Real Estate Wholesale Trade Construction Mining 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: 10933 Sandhurst Drive Secretary of State Boise, Idaho 83709 5. Name and address for this acknowledgment 700 West Jefferson **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 03/21/2001 09:00 **Printed Name:** 1 # 20.86 = 20.98 ASSUM NAME # 2 Capacity: Preside

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(see instruction # 8 on back of form)