CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) FILED/FFFECTIVE 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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: BROKEN ARROW ELK RANCH 2. The true name(s) and business address(es) of the entity or individual states address(es) and business address(es) are true name(s) and business address(es) of the entity or individual states are true name(s). business under the assumed business name is/are: P.O. Box 39/ Name BEN M. DORN MAYDEN LAKE, ID. 83835 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade 1/ Agriculture Finance, Insurance, and Real Estate Construction Services Minina Phone number (optional): 208-772-789/ 4. The name and address to which future correspondence should be addressed: BEN DORN Submit Certificate of P.O. BOX 391 Assumed Business Name and \$20.00 fee to: HAYDEN LAXE, ID. 83835 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only **IDAHO SECRETARY OF STATE 07/03/2000 09:00** CK: 9410 CT: 125267 BH: 338931 Signature: Bon Dom 1 0 20.00 = 20.00 ASSUM NAME # 2 Printed Name: BEN DORN

Capacity: SOLE PROPRIETOR

(see instruction # 8 on back of form)