CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See Instructions on reverse ED/EFFECTIVE To the SECRETARY OF STATE, STATE OF IDAHO

| (I) | | ho Code, the undersigned LBY 31 All 9: 04 |
|-----|---|--|
| 1. | Dusiness is: | idersigned use(s) in the transaction of Shale |
| | CHRISTINE GLENN | IRIS GARDENS |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | |
| | BRIAN EDWARD FARRINGTO | N 6969 BENNETT RD |
| | DIAWA KATHLEEN FARRINGTOW | |
| | | |
| 3. | The general type of business transacted ur (mark only those that apply) | nder the assumed business name is: |
| | Retail Trade | g Transportation and Public Utilities Finance, Insurance, and Real Estate Mining |
| 4. | correspondence should be addressed: | Phone number (optional): |
| | BRIAN FARRINGTON 6969 BENNETT RD | Submit Certificate of Assumed Business |
| | | Name and \$20.00 fee to: |
| 5. | Name and address for this acknowledgmer copy is (if other than #4 above): | Secretary of State 700 West Jefferson nt Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | | Secretary of State use only |
| | 0,01 | E LUNHOU SECKETAKY OF STATE |

Signature: Strang January Printed Name: BRIAN E

PROPRIETOR Capacity: SOLE

(see instruction # 8 on back of form)

MONSTACE 00 09:00 th: 0010 tl: 131773 BH: 322264

1 to 20.00 = 20.00 ASSUM NAME # 2

36210