

CERTIFICATE OF Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. Please type or print locations.

Please type or print legibly. NOTE: See Instructions on reverse before filing. SECRETARY OF STATE STATE OF IDAHO

D110892

| COVER-ALLS CUSTOM CANVAS | |
|--|--|
| The true name(s) and business address(es) or business under the assumed business name: Name LAURA FOSTER | f the entity or individual(s) doing Complete Address 35810 N SAINT JOE DRIVE |
| | SPIRIT LAKE, ID 83869 |
| L IVerail Hado | or the assumed business name is: |
| Wholesale Trade | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed: 35810 N SAINT JOE DRIVE | Secretary of State 700 West Jefferson Basement West PO Box 83720 |
| SPIRIT LAKE, ID 83869 | Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): |
| | Secretary of State use only |
| ture: Raura Foster | IDAHO SECRETARY OF STATE ################################## |