## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

| To        | the SECRETARY OF STATE, STATE OF Pursuant to Section 53-504, Idaho Cod gives notice of adoption of an Assumed              | e the undersigned                                                                                 |
|-----------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1.        | The assumed business name which the unbusiness is:                                                                         | dersigned use(s) in the transaction                                                               |
|           | TEF PROPERTIES                                                                                                             |                                                                                                   |
| 2.        | The true name(s) and business address(es business under the assumed business name                                          | o) of the entity or individual(s) doing ne is/are:                                                |
|           | Name<br>Terry E. Friis                                                                                                     | Complete Address                                                                                  |
|           | Terry E. FITTS                                                                                                             | North 402 Monroe Street                                                                           |
|           |                                                                                                                            | Moscow, ID 83843                                                                                  |
|           |                                                                                                                            |                                                                                                   |
| 3.        | The general type of business transacted un (mark only those that apply)                                                    | der the assumed business name is:                                                                 |
|           | ☐ Retail Trade       ☐ Manufacturing         ☐ Wholesale Trade       ☐ Agriculture         ☒ Services       ☐ Construction | ☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining              |
| 4.        | The name and address to which future Procures pondence should be addressed:                                                | none number (optional): 208-882-5859                                                              |
|           | Terry E. Friis                                                                                                             |                                                                                                   |
|           | North 402 Monroe Street                                                                                                    | Submit Certificate of<br>Assumed Business                                                         |
| •         | Moscow, ID 83843                                                                                                           | Name and <b>\$20.00</b> fee to:                                                                   |
| 5.  <br>0 | Name and address for this acknowledgment copy is (if other than # 4 above):  Same as #4                                    | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
|           |                                                                                                                            | Secretary of State use only  IDAHO SECRETARY OF STATE                                             |

Signature: Printed Name: TEXLY E. FLIS

Capacity: Owner.

(see instruction # 8 on back of form)

12/31/1997 @9:00 CK: 2152 CT: 79767 BH: 68670

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