| (Please type or print legibly. See instructions on reverse.)   |   |                     |   |
|--|---|---------------------|---|
| To the SECRETARY OF STATE, STATE OF IDAH FILED/F |   |                     |   |
| 1. The assumed business name which the undersigned use(s) in AHe transaction of business is:   |   |                     |   |
|  | U-SAVE CONVENIENCE  |                     |   |
| 2.   | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: |                     |   |
|  | Name  JERRY WATSON 28   |                     | nplete Address  STREET, MONTPELIER, ID 83254  |
| 3.   | The general type of business transacted un  | nder the assur      | med business name is:   |
|  | Retail Trade  |                     | nsportation and Public Utilities ance, Insurance, and Real Estate hing                            |
| 4.   | The name and address to which future Phone number (optional): 208-847-3550 correspondence should be addressed:                  |                     |   |
|  | U-SAVE CONVENIENCE 286 NORTH 4TH STREET   |                     | Submit Certificate of Assumed Business Name and \$20.00 fee to:                                   |
| 5.   | Name and address for this acknowledgment copy is (if other than # 4 above):  IRELAND BANK  P. O. BOY 218                        | nt                  | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
|  | MONTPELIER, ID 83254  | Ravision 2/97       | Secretary of State use only INHO SECRETARY OF STATE  A2/04/2000 09:00                             |
| Signatu  | ire: X Juy Twit   | 8. C                | 1 0 20.00 = 20.00 ASSUM NAME # 2  |
|  | Name: JERRY WATSON  | gend ug             | 32776   |
| Capaci   | ty: <u>Suve</u> (see instruction # 8 on back of form)   | korpiform stabn pm6 |   |
|  |   | 10                  |   |