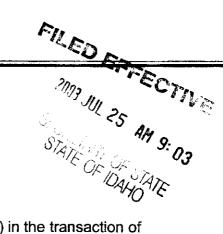


CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing.



Cain's Home Furnishing	
. The true name(s) and business address(es) business under the assumed business name Name	e: Complete Address
LMAD Enterprises, Inc.	204 Main Avenue North, Twin Falls, ID 83301
(C-149641)	
☐ Wholesale Trade ☐ Construction	der the assumed business name is: and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: LMAD, Enterprises, Inc.	Secretary of State 700 West Jefferson Basement West PO Box 83720
204 Main Avenue North	Boise ID 83720-0080
Twin Falls, ID 83301	208 334-2301
5. Name and address for this acknowledgmen	nt Phone number (optional):
COPY IS (if other than # 4 above).	2-8 733-711
Richard J. Worst	
P.O. Box 1906	Secretary of State use only

g:\corp\forms\abn forms\abn Revised 04/2003

Bill Vohnson

President, LMAD Enterprises, Inc.

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:_

IDANO SECRETARY OF STATE 07/25/2003 05:00 CK: 80588 CT: 158810 BH: 693884 1 0 25.00 = 25.00 ASSUN MANE # 2