CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO 98 AUG -6 Pursuant to Section 53-504, Idaho Code, the undersigned SECRETARY OF gives notice of adoption of an Assumed Business Name. STATE OF IDAHO The assumed business name which the undersigned use(s) in the transaction of business is: Calleon Publication 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name R Melson 4345 Lyndy M Nelson 4345 Ilean Circle 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Finance, Insurance, and Real Estate Agriculture Services Construction Mining 4. The name and address to which future Phone number (optional): ____ correspondence should be addressed: Galleon Publication Submit Certificate of Assumed Business Name and \$20.00 fee to: Adula Falle In 83401 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODY IS (if other than # 4 above): PO Box 83720 Justmark attn Sue W/S Boise ID 83720-0080 208 334-2301 SALIMAN SECRETARY OF STATE 08/06/1998 09:00 293 CK: 33911 CT: 25554 BH: 134525 1 0 20.00 = 20.00 ASSIM HOME

Signature: Mak Julian

Printed Name: Mark R Nelson

Capacity: Owner

(see instruction # 8 on back of form)

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