## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse,) To the SECRETARY OF STATE, STATE OF IDAHO APR 23 2 04 PH 198 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name PART OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: 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 AH JAMACA 523 Vista Ave BOBE ID 8325 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 Agriculture Finance, Insurance, and Real Estate **Services** Construction **Mining** Phone number (optional): 323-464) 4. The name and address to which future correspondence should be addressed: Submit Certificate of • Assumed Business Name and \$20.00 fee to: 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 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECKETARY OF STATE U4/23/1998 U9:UU CK: 1285 CT: 97729 BH: 183984 Signature: Z 1 8 28.08 = 28.88 ASSUM MAME Printed Name: # 14246 Capacity:

(see instruction # 8 on back of form)