Capacity:

TROPRIETOR

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMEED (Please type or print legibly. See instructions on reverse.) Mag '6 4 13 PH '98 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. SECRETAIN 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 SIO3 SINNYRINGE, NAMPALO 836 56 KAYMOND I, GAMES CHARLENE A 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 4. The name and address to which future Phone number (optional): __ correspondence should be addressed: RLENE GAMEL Submit Certificate of Assumed Business NUNYRINGE 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 SEČRETARY UF STATE 03/69/1998 69:00 CK: CASH CT: 95348 M: 88591 Signature: 1 8 20.00 = 20.00 ASSUM NAME Printed Name: 4 D12809