CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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 1. The assumed business name which the undersigned use(s) in the transaction of business is: NACCARATO ANTIQUES 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 A. NACCARATU PO. BOX 73 PRIEST RIVER ID. 83856 LEON K. NACCARATO LINDA SAME 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Transportation and Public Utilities Retail Trade Agriculture Finance, Insurance, and Real Estate Wholesale Trade Services Construction Minina 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: LEON A NACCARATO Submit Certificate of Assumed Business 1.0. Box 73 Name and \$20.00 fee to: PRIEST RIVER IDAHO 83856 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** CODV IS (if other than # 4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 1 9 28.00 = 28.80 ASSIM NAME # 2 Signature Te Printed Name: LEON A. NACCARATO D40268 OWNER Capacity:

(see instruction # 8 on back of form)