## TFICATE OF ASSUMED BUSING (Please type or print legibly. See instructions on lease type of print legibly. See instructions on lease type of print legibly. See instructions on lease type of print legibly. CERTIFICATE OF ASSUMED BUSINE To the SECRETARY OF STATE, STATE OF IDAHO 101 Jan Pursuant to Section 53-504, Idaho Code, the undersigned 4/1/9:18 1. The assumed business name which the undersigned use(s) in the transaction of Home Dusiness Systems 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address S. ADONIS PLACE 3716 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) 208-338-8467 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 copy is (if other than # 4 above):

Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

IDAHO SECRETARY OF STATE

01/18/2001 09:00 CK: 6224 CT: 141884 3H: 373426

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Signature: Mculy Lyons- logue

Printed Name: MARILUS Lyons- logue

Capacity: 9 meral partner

(see instruction #8 on back of form)

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