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: CLOUD PAINTING 2. The true name(s) and business address(es) of the entity or individual(s) doin business under the assumed business name is/are: Name Complete Address Martin L. CLOUD **48**02 Willandra Boise Yvonne m CLOUD 4802 837 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: Martin L. CLoud Submit Certificate of Assumed Business Willandra way Name and \$20.00 fee to: 25.Q 83709 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

Revision 12/99

Signature: Martin L. Choud

Capacity: 00

(see instruction # 8 on back of form)

owner

Secretary of State use only

IDAHO SECRETARY OF STATE

91/28/2904 95:90

CK: NO CK # CT: 158010 BH: 724186

1 @ 25.00 = 25.00 ASSUM NAME # 2

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