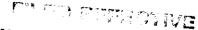


CERTIFICATE OF ASSUMED BUSINESS NAME



Pursuant to Section 53-504, Idaho Code, the undersigned 2006 JAN 10 AM 9: 07

Please type or print legibly.

SECRETARY OF DE

| NOTE. See instructions on reverse bere | STATE OF TOUR |
|--|---|
| The assumed business name which the ur business is: | ndersigned use(s) in the transaction of |
| EUROPEAN I | DESIGN |
| 2. The true name(s) and business address(est business under the assumed business name Name MARCEL PIRLOGEA | s) of the entity or individual(s) doing ne: Complete Address 82 N JEFFERSON ST NAMPA ID: 83651 |
| The general type of business transacted un | nder the assumed business name is: |
| Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Maccel Picloses | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | Secretary of State use only |
| Signature: (signature required) Printed Name: WAY2 (FL PiR) OGDA Capacity/Title: (See instruction # 8 on back of form) | 1DAHO SECRETARY OF STATE 101/10/2006 95 # 96 |

CK: 1514 CT: 158010 BH: 931148 1 0 25.00 = 25.00 ASSUM NAME # 2

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