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.

To the SECRETARY OF STATE, STA Pursuant to Section 53-504, Ida gives notice of adoption of an A	aho Code, the undersigned
The assumed business name which the u business is:	Indersigned use(s) in the transaction of
2. The true name(s) and business address(e business under the assumed business name Name LEWISTON I SNAKE RIVER MGMT CO. LLC W14930	es) of the entity or individual(s) doing
correspondence should be addressed:	
1070 E. MULLAN AVE. 1051 FMLS, JD 83854 5. Name and address for this acknowledgment copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature:	Secretary of State use only IDANO SECRETARY OF STATE 84/83/2661 69:00 CX: 1609 CT: 144227 BH: 388786 1 28.88 = 28.86 ASSUM MANE # 4

(see instruction # 8 on back of form)

D44108