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. The assumed business name which the undersigned use(s) in the transaction of business is: Conicrata 12/21 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 DARWIN MALTMAN 21453 Chicago 21453 Chicago Waltman 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 Phone number (optional): 455 - 7913 4. The name and address to which future correspondence should be addressed: Waltman (SNCroth Submit Certificate of Assumed Business Name and \$20.00 fee to: 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

Secretary of State use only IDAHO SECRETARY OF STATE

10/30/1998 09: CK: 4235 CT: 186188 BH: 157

1 8 28.86 = 29.88 ASSUM MAME # 2

Printed Name: MARGARET

Capacity: IMANAGE

(see instruction #8 on back of form)