Capacity: ___

Owner

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAMED (Please type or print legibly. See instructions on reverse. FILED To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned PM 2: 4 gives notice of adoption of an Assumed Business Nemeratary OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Higher Flyer 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 Name Gines 1705 N. Cole Rd, Boise, 1083704 Richard 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: Submit Certificate of Assumed Business Name and \$20.00 fee to: 13015e. 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 **02/08/1999 09:00** CK: 249 CT: 110832 BH: 186122 Signature: Val Printed Name: Michard

1 @ 20.00 = 20.00 ASSUM NAME # 2

Maals 3