Capacity:

(see instruction # 8 on back of form)

TFICATE OF ASSUMED DUGINE (Please type or print legibly. See instructions on reverse.) CERTIFICATE OF ASSUMED BUSINESS N 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 transate business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate **Agriculture** Wholesale Trade Construction Services 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: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment **Basement West** PO Box 83720 CODV IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE CK: 7372 CT: 158010

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20.00 ASSUM NAME N 2