Capacity:

(see instruction # 8 on back of form)

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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: RENO Enterorises DEA 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 30 S. 950 W. Raul. DEAN RENO 30 S 950W. You 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Retail Trade Manufacturing Wholesale Trade Finance, Insurance, and Real Estate Agriculture Construction Mining Services 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: DEAN Submit Certificate of Assumed Business 950 W Name and \$20.00 fee to: 83347 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 IDANO SECRETARY OF STATE 12/06/1999 09:00 CK: 5738 CT: 123692 BH: 271079 Signature: 1 0 20.00 = 20.00 ASSUM NAME # 2 Printed Name:

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