TFICATE OF ASSUMED BUSINESS. (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned in 35 in 19 1. The assumed business name which the undersigned use(s) in the transaction of business is: Lynn's Web Solutions 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 Lynn Dickerson 17 CENARRUSA LANE Carey ID 83320 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 **Aariculture** Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): (208) 481-0393 4. The name and address to which future correspondence should be addressed: Submit Certificate of Assumed Business CENARRUSA Lane Name and \$20.00 fee to: Secretary of State 700 West Jefferson 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

02/23/2001 09:00 CX: 2181 CT: 102988 BH: 388877

1 0 20.00 = 20.00 ASSUM NAME # 2

D 42914

Signature: Lynn R. Dickerson

Capacity: DWNex

(see instruction # 8 on back of form)