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 o business is: Drawknife Billiards, Limited Liability Company The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address THE DRAWKNIFE, LIMITED LIABILITY COMPANY 104 Black Bear Drive, Driggs, ID 81422 The general type of business transacted under the assumed business name is (mark only those that apply) X Manufacturing Retail Trade 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: ANKNIFE, (MIZO LIBILITY (= 516 N. Hwy 33 Assumed Business Name and \$20,00 fee to TETONIA, 10. 83452 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 Runyan & Woelk, P.C. 208 334-2301 P.O. Box 533 Secretary of State use only Driggs, ID 83422 IDAHO SECRETARY OF STATE Signature 11/02/2000 09:00 CK: 4599 CT: 67846 BH: 358372 Printed Name: John Hansford 1 # 28.80 = 20.88 ASSUM NAME # 2 Capacity: Managing Member (see instruction # 6 on back of form)

FILED/EFFECTIVE

S. A. P. Carlotte, St. Carlott