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 FILED Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 100 MAR -8 1. The assumed business name which the undersigned use(s) in the transaction of business is: TAIL END CREATIONS 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 COLD STRINGS CREEK 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 Phone number (optional): 208 1836 - 2265 4. The name and address to which future correspondence should be addressed: KAROLEE BLACKWELL Submit Certificate of Assumed Büsiness Name and \$20.00 fee to: HILL ID 83633 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 8372040080 208 334-2301 Secretary of State use only IDANO SECRETARY OF STATE 03/68/2000 09:00 CK: 1484 CT: 127827 BH: 296962 1 @ 28.08 = 29.88 ASSUM NAME # 2 Printed Name: KAROLEE 033789