

CERTIFICATE OF ASSUMED BUSINESS NAME

| Pursuant to Section 53-504, Idaho Code, the under submits for filing a certificate of Assumed Business Please type or print legibly. NOTE: See instructions on reverse before filing business is: | STATE OF IDAHO STATE OF IDAHO STATE OF IDAHO STATE OF IDAHO entity or individual(s) doing Complete Address Complete A |
|---|--|
| Name and address for this acknowledgment copy is (if other than # 4 above); | Phone number (optional): 541-979-0035 /541-979-1119 |
| | Secretary of State use only |
| Signature: Jonna Gackson Printed Name: DONNA JACKSON Capacity: Fartner (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE 08/04/2003 05:00 CK: 1527 CT: 158010 BH: 694387 1 0 25.00 = 25.00 ASSUM NAME # 2 |

Continued

(2) Randy + Lorrie Jackson

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