



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2006 APR -3 PM 1:29

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Polka Dot

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Montana Brown, LLC
(w 31115)

Complete Address

Box 9010
Ketchum, ID
83340-9010

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| ☒ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☐ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Montana Brown LLC
Box 9010
Ketchum, ID 83340-9010

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

208-726-3474

Secretary of State use only

Signature:

Douglas B. Brown
(signature required)

Printed Name:

Douglas B. Brown

Capacity/Title:

Mgg Member

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
04/04/2006 05:00
CK: 1193 CT: 198863 BH: 947333
1 @ 25.00 = 25.00 ASSUM NAME # 2

D 98365



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE

2006 APR -6 AM 9:36

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

RJG Services

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Robert J. Goodyear

1079 Comeback Bay Lane, Sagle, ID 83860

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| ☐ Retail Trade | ☐ Transportation and Public Utilities |
| ☐ Wholesale Trade | ☐ Construction |
| ☒ Services | ☐ Agriculture |
| ☐ Manufacturing | ☐ Mining |
| ☐ Finance, Insurance, and Real Estate | |

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Secretary of State
700 West Jefferson
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PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Robert J. Goodyear

1079 Comeback Bay Lane

Sagle, ID 83860

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

(208) 255-4107

Secretary of State use only

Signature: _____

(signature required)

Printed Name: Robert J. Goodyear

Capacity/Title: President

(see instruction # 8 on back of form)

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Revised 04/2003

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IDAHO SECRETARY OF STATE
04/06/2006 05:00
CK: 6065 CT: 158010 BH: 947707
1 @ 25.00 = 25.00 ASSUM NAME # 2