TFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions preverse.) (Please type or print legibly. See instructions preverse.) The undersigned RESE CERTIFICATE OF ASSUMED BUSINESS NAME 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 of SELKIEK SERVICES 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 MELODIE D. EARLE HOR 60 BOX 190 BONNERS FERRY ID 8 805 HCR 60 BOX 190 BOMERS FERRY ID 8 805 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 4. The name and address to which future Phone number (optional): 208-267-2141 correspondence should be addressed: MELODIE EARLE Submit Certificate of **Assumed Business** HCR 60 Box 190 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

IDANO SECRETARY OF STATE

U8/15/2000 09:00 CK: 10357 CT: 134724 BH: 341841

1 2 20.00 = 20.00 ASSUN NAME # 2

D38157

Signature: Melopie D. EARJE

Capacity: Owner

(see instruction # 8 on back of form)