CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on the report of STATE STATE OF IDAHO TO Undersigned App - E TU Pursuant to Section 53-504, Idaho Code, the undersigned APR -5 AM 8: 32 gives notice of adoption of all. 1. The assumed business name which the undersigned use(s) in the transaction of STATE OF IDAHO rosschede Accounting and t 2. 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 Krenda SIOFN Idaho Falls Idaho 83401 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): $208/524 \cdot 2626$ correspondence should be addressed: heck Accounting & Bookkeeping Submit Certificate of Assumed Business Name and \$20.00 fee to: dano Falls, ID 83401 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 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE Signature: THENCE

84/85/2000 09:00 CK: 2328 CT: 129347 1H: 36601

1 # 20.00 = 20.00 ASSUM NAME # 2

Printed Name: Brenda

Capacity: Owner

(see instruction # 8 on back of form)