CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 97 MAY -2 AM 8: To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned RETARY OF STA gives notice of adoption of an Assumed Business Name STATE OF 1. The assumed business name which the undersigned use(s) in the transaction of business is: ARROW I GALLERY 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 GARY D LIKKEL 221 EAST MAIN GRANGEVILLE, IDAHO 83530 3. The general type of business transacted under the assumed business name is: (mark only those that apply) X 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): ___ correspondence should be addressed: ARROW L GALLERY Submit Certificate of Assumed Business 221 EAST MAIN Name and \$20.00 fee to: GRANGEVILLE, IDAHO 83530 Secretary of State 5. Name and address for this acknowledgment 700 West Jefferson Basement West CODY is (if other than # 4 above). PO Box 83720 U.S. BANK OF IDAHO Boise ID 83720-0080 208 334-2301 104 EAST MAIN Secretary of State use only GRANGEVILLE, IDAHO 83530 IDAHO SECRETARY OF STATE DATE 05/02/1997 Signature: ____ 0900 88630 CK #: 1010 CUST# 38278 Printed Name: ASSUM NAME 18 20.00= 20.00 Capacity:

(see instruction # 8 on back of form)

D