

CERTIFICATE OF ASSUMED BUSINESS NAME

| NC | ASSUMED BUSINESS NAI Pursuant to Section 53-504. I faho Code, the under submits for filing a certificate of Assumed Business Please type or print legibly. TE: See instructions on reverse before filing | signed S | LED EFFECTIVE |
|-----------|---|---|---------------|
| husina | ssumed business name which the undersigness is: OCUP O'Alene Olive O' | ed use(s) in the transaction of $\frac{99}{50}$ | TIVE |
| | ue name(s) and business address(es) of the ess under the assumed business name: Name Adra Cunn 486 | entity or individual(s) doing Complete Address 15 W. Highland Dr. C | DAT |
| | eneral type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | | |
| 4. The na | ame and address to which future spondence should be addressed: ndra Gunn 5 W: Highland Drive Wr Awene, ID 83814 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 | |
| | e and address for this acknowledgment is of other than # 4 above (| Phone number (optional). | |
| gnature: | Sandra M. Jun | Secretary of State use only | |

Si Printed Name Sawara M. Gunn Capacity/Title _ OWNW

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
10/20/2004 05:00
CK: 4026 CT: 158010 BH: 772095
1 0 25.00 = 25.00 ASSUM NAME # 2

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