| CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)                                                                              |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| To the SECRETARY OF STATE, STATE OF IDARO  Fursuant to Section 53-504, Idaho Code, the undersigned Daniel Care STATE                                                           |                                                                                                   |
| gres notice of adoption of an Assumed Business Name. STATE OF IDAHO  1. The assumed business name which the undersigned use(s) in the transaction of business is:              |                                                                                                   |
| Work 44 System - Independe                                                                                                                                                     | of Meroalite Us mouth                                                                             |
| 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  Output  Complete Address |                                                                                                   |
| Susan C. Cook 61 5.                                                                                                                                                            | Rolling Green St.                                                                                 |
|                                                                                                                                                                                | 0a, ID 83687                                                                                      |
|                                                                                                                                                                                |                                                                                                   |
| 3. The general type of business transacted under the assur                                                                                                                     |                                                                                                   |
| Wholesale Trade Agriculture Fina Services Construction                                                                                                                         | nsportation and Public Utilities ance, Insurance, and Real Estate ing  (optional): (208) 468-6683 |
| The name and address to which future Phone number correspondence should be addressed:                                                                                          | (optional).                                                                                       |
| Susan Cook                                                                                                                                                                     | Submit Certificate of Assumed Business                                                            |
| _61 S. Rolling Greenst.<br>_ Nampa, ID 83687                                                                                                                                   | Name and \$20.00 fee to:                                                                          |
| nampa, ID 83687                                                                                                                                                                | Secretary of State 700 West Jefferson                                                             |
| 5. Name and address for this acknowledgment                                                                                                                                    | Basement West<br>PO Box 83720                                                                     |
| Susan Cook                                                                                                                                                                     | Boise ID 83720-0080<br>208 334-2301                                                               |
| 61.8. Rolling Green St.                                                                                                                                                        | Secretary of State use only                                                                       |
| Nampa, ID 83687                                                                                                                                                                |                                                                                                   |
| 1 Care                                                                                                                                                                         | IDAHO SECRETARY OF STATE                                                                          |
| Printed Name: Susan C. Cook.                                                                                                                                                   | 01/18/2002 05:00<br>CK: 5829 CT: 155972 BH: 440951<br>1 8 20.00 = 20.00 ASSUM NAME # 2            |
| Capacity: Owner / President                                                                                                                                                    |                                                                                                   |
| (see instruction # 8 on back of form)                                                                                                                                          | D91214                                                                                            |