CERTIFICATE OF ASSUMED BUSINESS NAME LEC To the SECRETARY OF STATE, STATE OF IDAHOSECRETARY OF STATE of Pursuant to Section 53-504, Idaho Code, the undersigned gives flotice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: GOOD GRIEF TAVERN 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Address J. BERGERON P.S. BOX 212 EASTPORT MICHAEL The general type of business transacted under the assumed business name is: GERVICES See cateopries on the reverse 4. The name and address to which correspondence should be addressed: PANHANDLE STATE BANK PO BOX 1479, BONNERS FERRY, ID Signed _ MICHAEL J. BERGERON By Capacity OWNER Submit Certificate of Assumed Customer # Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 1 8 20.00 = 20.00 ASSUM NAME PO Box 83720 Boise ID 83720-0080 #D 10210