CERTIFICATE OF ASSUMED BUSINESS NAME TOTAL PROTECTION OF INCIDENCE OF To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 00 MAY 12 AM 10: 53 1. The assumed business name which the undersigned use(s) in the transaction of STATE OF IDAHO business is: Fly N' Farm 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Shawn or Katherine Black 4419A Sijan St, MHAFB, ID 83648 3. The general type of business transacted under the assumed business name is: 4. The name and address to which correspondence should be addressed: SHAWIN OR KATHERINE BLACK 4419A STUAN ST, MHAFB, TD 83648 Signed Katherine H. Black By Katherine H. Black Submit Certificate of Assumed Business Name and \$20.00 fee to: Customer # Secretary of State use only Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

IDAHO SECRETARY OF STATE

05/12/2000 09:00 CK: 2011 CT: 131001 BH: 317433

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