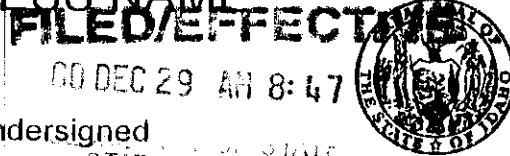


CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)



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 STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

HOWES MANAGEMENT SERVICE

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

A. DEAN HOWES

15086 LAKE AVE.

KAREN K. HOWES

NAMPA, ID 83651

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

- | | | |
|--|--|--|
| ☐ 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 correspondence should be addressed:

HOWES MANAGEMENT SERVICE

15086 LAKE AVE.

NAMPA, ID 83651

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Farmers & Merchants State Bank

112 2nd Street South

Nampa, ID 83651

Signature

Printed Name: A.D. HOWES

Capacity: Owner

(see instruction # 8 on back of form)

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

Secretary of State use only
IDAHO SECRETARY OF STATE

12/29/2000 09:00
CK: 47463 CT: 45888 IN: 369764

1 @ 20.00 = 20.00 ASSUM NAME # 2

04/457