CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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. The assumed business name which the undersigned use(s) in the transaction of the control of the co business is: Bear's Buffal o Wings + Meat Sauce 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 Sheila Anne Kappen P.O Box 28-100 SIdaho ST 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 Phone number (optional): 208-656-0093 4. The name and address to which future correspondence should be addressed: Bear's Buffalo Wings+Meat Sauce Submit Certificate of Assumed Business P.O Box 28 Name and \$20,00 fee to: Sugar City Idaho 83448 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY IS (if other than # 4 above) : PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE

Signature: <

Printed Name: Sheila

Capacity: Owner

(see instruction # 8 on back of form)

84/82/1999 89:00 CX: 1414 CT: 113495 BH: 283489

28.00 = 28.00 ASSUM NAME # 2