IFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on reverse.) OF STATE, STATE OF IDAHO Code, the undersigned 18.40 CERTIFICATE OF ASSUMED BUSINESS N 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. 1. The assumed business name which the undersigned use(s) in the transaction business is: 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 Michael Brown RO BOX 158 DOVER 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 Phone number (optional): 208-263-7395 correspondence should be addressed: BROWN Submit Certificate of 158 Assumed Business Name and \$20.00 fee to: 8382 < 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

Signature: Mr. D. Dew

Printed Name: Michael Brown

Capacity: President /owner

(see instruction # 8 on back of form)

Secretary of State use only

IDAHO SECRETARY OF STATE

12/13/2000 09:00 X: 566 CT: 139568 BH: 366325

1 8 28.86 = 28.86 ASSUM NAME # 2

D41150