CERTIFICATE OF ASSUMED BUSINESS NAMELED (Please type or print legibly. See instructions on reverse.) 1 11 PH 198 To the SECRETARY OF STATE, STATE OF IDAHO ku 20 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 of business is: SALGO ASSOCIATES 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 1615 S. PACIFIC ANIKO SCHMEHL BOISE, ID 8370 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): ____ correspondence should be addressed: PACIFIC Rd. Submit Certificate of Assumed Business BOISE 110 83705 Name and \$20.00 fee to: 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 LIMMO SECRETARY OF STATE

Signature: Ambo SCHMENU

Printed Name: ANIKO SCHMEHL

Capacity: Manager

(see instruction # 8 on back of form)

07/20/1998 09:00 CK: 9639 CT: 8625 3H: 12929

1 # 100.00 = 100.00 ORGAN LLC

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