CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) Pursuant to Section 53-504, Idaho Code, the undersigned for the section Sa-504, Idaho Rusiness Name. To the SECRETARY OF STATE, STATE OF IDAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: Southern Hospitality Interiors 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 Name 1845 Old 5aybRook DEBRA L. GALLAGHER BOISE IN 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): 28-333-078 4. The name and address to which future correspondence should be addressed: Same Submit Certificate of Assumed Business 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 5000E 208 334-2301

Secretary of State use only

IDAMO SECRETARY OF STATE

11/26/1999 09:00 K: 1623 CT: 123420 BH: 269164

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Signature: <u>Lebra Angologher</u>

Printed Namé: Debra L. Gallagner

Capacity: Sole orener

(see instruction # 8 on back of form)