Capacity:

OWNER

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS (Please type or print legibly. See instructions on rever 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 of business is: DEEP IN THE WOODS 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 Jim JAEBER POBOX 367 LACLEDE ID B3841 5237 N. RILLY CR. RO LACLEDE 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 4. The name and address to which future Phone number (optional): _ correspondence should be addressed: Jim JAKBER Submit Certificate of PO BOX 367 LACURDE ID 83841 **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 208 334-2301 Secretary of State use only Signature: IDAHO SECRETARY OF STATE 09/18/2001 Printed Name:

09/18/2001 05:00 CK: 3173 CT: 151373 BH: 419579 1 0 20.00 = 20.00 ASSUM MANE #

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