CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, S Pursuant to Section 53-504	e undersigned use(s) in the transaction of
2. The true name(s) and business address business under the assumed business Name	s(es) of the entity or individual(s) doing name is/are: Complete Address 2500 N. Eagle Rd
3. The general type of business transacted under the assumed business name is: Retail Trade	
P.O.R. 140053 Boise Id 83714 5. Name and address for this acknowledgme copy is (if other than #4 above):	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Printed Name:	Secretary of State use only IDANO SECRETARY OF STATE 11/27/2003 09:00 CX: CRSH CT: 138953 NH: 363859 1 2 29.00 = 29.00 ASSIM NAME # 2

(see instruction # 8 on back of form)