Signature: ___

Capacity:

Printed Name: Teri

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAI (Please type or print legibly. See instructions on reverse.) ? 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: 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 536 Teula 83204 aniel Fernandez S. Grant 3. The general type of business transacted under the assumed business name is: (mark only those that apply) X 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: Submit Certificate of Assumed Business Name and \$20.00 fee to: ID 83204 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West / CODV IS (if other than # 4 above). PO Box 83720- * Boise ID 83720-0080 208 334-2301 Secretary of State use only TOAHO SECRETARY OF STATE

03/09/2000 09:00 CK: NO CK # CT: 127946 / BH: 297511

1 8 28.88 = 28.88 ASSUM MANE # 2

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