CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned business is: STATE OF IDAHO Honin Martial Arts 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 Midican American M. Leuis 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Transportation and Public Utilities Manufacturing Retail Trade Finance, Insurance, and Real Estate Wholesale Trade Agriculture Mining Construction Services 4. The name and address to which future correspondence should be addressed: Submit Certificate of Jed M. Lewis Assumed Business Name and \$20.00 fee to: American Falls Secretary of State 700 West Jefferson **Basement West** 5. Name and address for this acknowledgment PO Box 83720

CODV IS (if other than # 4 above):

Boise ID 83720-0080 208 334-2301

Secretary of State use only IDAHO SECRETARY OF STATE

09/13/1999 09:00 CK: 3699 CT: 120443 BH: 249369

1 8 28.88 = 28.88 ASSUM NAME # 1

Signature:

Printed Name: 0

Capacity: Pres

(see instruction # 8 on back of form)