Printed Name: Stimuel L Jones

(see instruction # 8 on back of form)

Capacity: Manager

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

To Handware Control of the Control o	
To the SECRETARY OF STATE, STATE OF IDAHO	
1 (13) AU 10 SOCION ES COA III	
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.	_
gives notice of adoption of an Assumed Business Name	AM In.
assumed business name which the and	.0.

The assumed business name which the business is: Sam's Stuff N Things	e undersigned use(s) in the transaction of AHIO: 30
2. The true name(s) and business address business under the assumed business r Name Samual L. Jones 2. The true name(s) and business address addre	s(es) of the entity or individual(s) doing name is/are: Complete Address P.O. Box 184, Ashton, Id 83420
, and an	ing Transportation and Public Utilities
P.O. Box 184 Ashton, Id 83420 5. Name and address for this acknowledgmer copy is (if other than # 4 above): Bank of Idaho P.O. Box 649	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
Ashton, Id 83420 Signature: Semuel of Jones	SecrelBAND SECRETARY OF STATE 82/16/2001 09:00 CK: 56905 CT: 142393 BH: 379778 1 20.60 = 26.66 ASSUM NAME # 2

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