CERTIFICATE OF ASSUMED BUSINESS NAM (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO 99 SEP 20 AM II: 1 Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name STATE OF TOAHO 1. The assumed business name which the undersigned use(s) in the transaction of business is: MAESTAS ENTERPRIZES 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 KAWNA MAESTAS 6466 E. RIRIE HWY. I.F. 83401 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: MAESTAS ENTERPRIZES Submit Certificate of Assumed Business 6466 E. RIRIE HWY Name and \$20.00 fee to: IDAHO FALLS, ID. 83401 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 INHO SECRETARY OF STATE 1 8 28.88 = 26.88 ASSUM NAME # 2 Printed Name: . Capacity:

(see instruction # 8 on back of form)