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

To the SECRETARY OF STATE, STATE OF IDAHOFILED/EFFECTIVE
Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Rusiness Nan

The assumed business name which the	an Assumed Business Name 02 MAR 21 AM 8: 4: 10 In the transaction of F STAT
business is: Room +0	STATE OF IDAHO
The true name(s) and business address business under the assumed business.	2(22) - £ !! !!
<u>Name</u>	Complete Address
Mary Ann Burke Katrina Scott	10958 N. Yellowstone Hu Idaho Falls, ID 83401
3. The general type of business transacted	d under the assumed business name is:
Retail Trade Manufactur Wholesale Trade Agriculture Services Constructio	Finance Insurance and Deal Fee
The name and address to which future correspondence should be addressed:	Phone number (optional)(208) 552-4803
Idaho Falls, ID 83401	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Name and address for this acknowledgme copy is (if other than # 4 above): N / 17	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
re: Katrina L. Scott	Secretary of State use only

Printed Name: Katrina L. Scott

Capacity: <u>CO-OWNER</u>

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
03/21/2002 05:00
CK: 1858 CT: 158810 BH: 453642
1 8 20.00 = 20.00 ASSUM MANE # 2