Printed Name: 1

Capacity:

Chief Executive Officer

(see instruction # 8 on back of form)

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 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: . NBA Syringa Plaza 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 Name Syringa Plaza, Inc. 626 Elba Avenue Burley, ID 83318-1424 C104210 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 correspondence should be addressed: Submit Certificate of NBA Syringa Plaza Assumed Busirless c/o NBA Valley Vista Village Name and **\$20.00** fee to: 653 Rose Street North #62 Twin Falls, ID 83301-4553 Secretary of State 700 West Jefferson Basement West 5. Name and address for this acknowledgment PO Box 83720 CODY IS (if other than # 4 above): Boise ID 83720-0080 Pranschke & Holderle, L.C. 208 334-2301 Attn: Christi 1610 Des Peres Road, Suite 300 Secretary of State use only ouis, MO 63131 IDAHO SECRETARY OF STATE Signature:

/05/2000 09:00 CK: 19588 CT: 112781 BH: 323658

= 20.00 ASSUM NAME # 2

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