CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) 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: MOBILE RESGREACING 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 Addres William COLE JR 3446 OYARTZ CREEK PRIESTRIVER Ichow 83856 POBOX 297 PRIEST RIVER I 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): 208 448 0797 correspondence should be addressed: William Cole OR Submit Certificate of Assumed Business Name and \$20.00 fee to: RIEST RIVER TON Secretary of State 5. Name and address for this acknowledgment 700 West Jefferson COPY is (if other than # 4 above). **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only

Printed Name: William Cole VR

Capacity: Owner

(see instruction # 8 on back of form)

IDAMO SECRETARY OF STATE 07/08/2002 05:00 CK: 1110 CT: 158816 BH: 475939 1 0 20.00 = 20.00 ASSUM NAME # 2

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