

CERTIFICATE OF

ASSUMED BUSINESS NAME 2007 JUL 26 AM 8: 49 Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. CHARLY OF STATE Please type or print legibly. STATE OF IDAHO NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: SQUARED CONSULTING 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 1330 FILER AVE 8330**I** 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining **Assumed Business** Name and \$20.00 fee to: Finance, Insurance, and Real Estate Secretary of State 4. The name and address to which future 700 West Jefferson correspondence should be addressed: **Basement West** PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 5. Name and address for this acknowledgment CODV IS (if other than # 4 above): Secretary of State use only

Printed Name: VIVIAN

Capacity/Title: //LES/Jev

(see instruction #8 on back of form)

IDAHO SECRETARY OF STATE **07/26/2002 05:00** CK: 2293 CT: 162236 BH: 479339 **0** 2**0.00** = 2**0.00** ASSUM NAME # 2

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