

CERTIFICATE OF 07 AUG -9 AM 8: 56 ASSUMED BUSINESS NAME SECRETARY OF STATE Submits for filing a certificate of Assumed Business Name.

Please type or print legibly. NOTE: See instructions on reverse before filing	TOAHU
1. The assumed business name which the undersign business is: Sure Site	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name VERLLAW 35	Complete Address ₹ Po BoX 335
3. The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: VEKL LAW POBOX 335 EMMETT ID 83617 5. Name and address for this acknowledgment copy is (if other than #4 above):	
Signature: Jell Signature required) Printed Name: VERL HAW Capacity/Title: OWNER (see instruction # 8 on back of form)	Secretary of State use only DIN