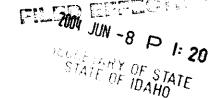


## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.



Please type or print legibly.

NOTE: See instructions on reverse before filing.

	ESIS
The true name(s) and business address(es) business under the assumed business name     Name     Lauren W. Scott	of the entity or individual(s) doing e: Complete Address 1456 E. Iron Eagle Drive Eagle, ID 83616
The general type of business transacted und	ler the assumed business name is:
Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  Lauren W. Scott DBA Kinesis  2740 W. Crossland Drive Meridian, ID 83642  5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to:  Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
COPy is (if other than # 4 above);	(208)939-9895
	Secretary of State use only
nature: (signature required)  nted Name: Lauren W. Scott  pacity/Title: Owner	Sed uransumon ur