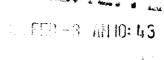


CERTIFICATE OF ASSUMED BUSINESS NAME

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.

STATE OF IDAHO

Mega Recovery Specialists 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:	
Christine Ann Combs	3058 Purdom Lane
	Homedale, ID 83628-9501
TOTAL	ion and Public Utilities
 Wholesale Trade ☐ Construction ✓ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estanta 	Submit Certificate of Assumed Business Name and \$20.00 fee to:
The name and address to which future correspondence should be addressed: Christine Combs	Secretary of State 700 West Jefferson Basement West PO Box 83720
3058 Purdom Lane	Boise ID 83720-0080
Homedale, ID 83628-9501	208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above); 	ment Phone number (optional): 208-412-1061
	Secretary of State use only
gnature: (signature required) inted Name: Christine Ann Combs apacity/Title: Owner	God undergraph forming the property of state. I DAHO SECRETARY OF STATE.

02/03/2003 05:00 CK: 2788 CT: 158010 BH: 660534 1 9 20.00 = 20.00 ASSUM NAME # 2

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