Printed Name: ___

Capacity/Title:



CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME2005 SEP 23 PM 12: 59

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

Founder/Owner

(see Instruction # 8 on back of form)

Vulnus Labs	
The true name(s) and business address(es) business under the assumed business name.) of the entity or individual(s) doing ie: Complete Address
David Agran	13377 Rochester Street, Boise, Idaho 83713
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: David Lawyer 13377 Rochester Street, Boise, Idaho 83713	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
. Name and address for this acknowledgme copy is (if other than # 4 above).	ent Phone number (optional):
	Secretary of State use only

IDAHO SECRETARY OF STATE 09/26/2005 05:00 CK: 626491 CT: 172099 BH: 913649 1 2 25.00 = 25.00 ASSUM NAME # 2

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