

CERTIFICATE OF ASSUMED BUSINESS NAME

	FILER
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. NOTE: See instructions on reverse before	S NAME the undersigned Business Name. SALESTANDA SALESTANDA SOLUTION SOL
The assumed business name which the ur business is: Beehive L	
2. The true name(s) and business address(es business under the assumed business name Name Beehive Inc.	s) of the entity or individual(s) doing me: Complete Address 259 North 2nd East, Rexburg, Idaho 83440
3. 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
4. The name and address to which future correspondence should be addressed: Beehive Inc. 259North 2nd East Rexburg, Idaho 83440	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):
Billy G. DuPree, Jr. P.O. Box 723 Rexburg, Idaho 83440	Secretary of State use only

Signature: Printed Name: Robert Franz

Capacity/Title:

President

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
10/16/2003 05:00
CK: 2843 CT: 22233 BH: 786815
1 2 25.00 = 25.00 ASSUM NAME # 4