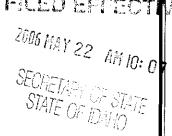


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



Speakman and Johannsen, CPAs	
The true name(s) and business address(es business under the assumed business name.	
Name	Complete Address
Valinda Speakman, CPA, P.C.	660 E. Franklin Rd, Suite 234
(<166870)	Meridian, ID 83642
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Valinda Speakman 660 E. Franklin Rd, Suite 234 Meridian, ID 83642	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
 Name and address for this acknowledgme copy is (if other than # 4 above). 	Phone number (optional):
	Secretary of State use only
gnature: <u>Valendo Speakman</u> (signature required) Inted Name: Valinda Speakman	IDAHO SECRETARY OF STATE 95/23/2006 95: CK: 19891 CT: 159916 RV: 5:
apacity/Title: President	IDAHO SECRETARY OF STATE 95/23/2006 05:
(see instruction # 8 on back of form)	CK: 19891 CT: 158010 RH: 95