

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIV

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

09 JUL 28 AM 8: 37

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is: SES Configurations ORDINATION ORDINA	ned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name Taxad 5mith 82 Emr	Complete Address Of Talaho Blvd Mathematical Street Stre
3. The general type of business transacted under the	e assumed business name is:
Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Tarad Smith Blad Signature 620 Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
COPY IS (If other than # 4 above):	
	Secretary of State use only
Signature: Jacob (etgnature required) Printed Mame: Sacon Smith Capacity/Title: Owner	
Capacity/Title: Owner	IDANO SECRETARY OF STATE 07/28/2009 05:00

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