CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 33-504, Idaho Code, the undersigned submits for fing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing. In the assumed business name which the undersigned use(s) in the transaction of business is: TDA - CEM PROMITIONIAL PEODUCTS In the run name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Note: See instructions on reverse before filing. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address NOEMAN LAREY CHRISTENSEN IIIO OPAL CT. KUNA TD \$36/34 Susan Bauley CHRISTENSEN IIIO OPAL CT. KUNA TD \$36/34 Susan Bauley CHRISTENSEN IIIO OPAL CT. KUNA TD \$36/34 Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate A mean address to which future correspondence should be addressed: IAREY of Susan CHRISTENSEN INC OPAL CT KUNA TD \$36/34 Signature: Manufacturing (Communication and Public Utilities) Printed Name: Manufacturing (Communication and Public Utilities) Printed Name and address for this acknowledgment COPY is if other than \$4 dataway. Signature: Manufacturing (Communication) Signature: Manufacturing (Communication) Bignature: Manufacturing (Communication) Bi			
Submits for filing a certificate of Assumed Business Name.       Please type or print legibly.         NOTE: See instructions on reverse before filing.       Image: Second State State         1. The assumed business name which the undersigned use(s) in the transaction of Subsiness is:       Image: Second State State         Image: Second State State       Image: Second State State         2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:       Noreman. LACRY CHRISTENSEN         NORMAN. LAREN CHRISTENSEN       IIIO OPAL CT.       KUNA ID \$3634         3. The general type of business transacted under the assumed business name is:       Image: Submit Certificate of Assumed Business Name and \$25.00 fee to:         Services       Agriculture       Submit Certificate of Assumed Business         Manufacturing       Mining       Submit Certificate of Assumed Business         Image: Services       Agriculture       Submit Certificate of Assumed Business         Manufacturing       Mining       Submit Certificate of Assumed Business         Image: Services       Agriculture       Submit Certificate of Assumed Business         Manufacturing       Mining       Submit Certificate of Assumed Business         Image: Services       Agriculture       Submit Certificate of Assumed Business         Image: Services       Manufacturing       Phone number (opti			
NOTE: See instructions on reverse before filing.       Image: Second Secon	ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.		
1. The assumed business name which the undersigned use(s) in the transaction of business is:	NOTE: See instructions on reverse before filing.		
2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name       Complete Address         NOEMAN       LAREN CHRISTENSEN       IIIO       OPAL CT.       KUNA ID       \$3634         Susan       Bailey       CHRISTENSEN       IIIO       OPAL CT.       KUNA ID       \$3634         3. The general type of business transacted under the assumed business name is:       IIIO       OPAL CT.       KUNA ID       \$3634         3. The general type of business transacted under the assumed business name is:       IIIO       OPAL CT.       KUNA ID       \$3634         4. The name and address to which future correspondence should be addressed:       Susan CHRISTENSEN       Submit Certificate of Assumed Business         110       OPAL CT       KUNA ID       \$3634         5. Name and address for this acknowledgment copy is (if other than \$4 above):       Do Box 83720       Boise ID 83720-0080         208 334-2301       Secretary of State use only       Secretary of State use only         Signature:       Mauguan modumi       DOSI 000       Secretary of State use only         Signature:       Mauguan modumi       Cost 000       Secretary of State use only       DSI 000         Signature:       Mauguan modumi       Cost 000       Secretary of State use only       Secretary of State use only </td <td colspan="2">1. The assumed business name which the undersigned use(s) in the transaction of</td>	1. The assumed business name which the undersigned use(s) in the transaction of		
Dusiness under the assumed business name:       Name       Complete Address         Noeman       LAREY_CHRISTENSEN       IIIO_DAL_CT_KUNA_ID_83634         Susan       Bailey_CHRISTENSEN       IIIO_DAL_CT_KUNA_ID_83634         Susan       Bailey_CHRISTENSEN       IIIO_DAL_CT_KUNA_ID_83634         3. The general type of business transacted under the assumed business name is:       Image: Complete Address         Are general type of business transacted under the assumed business name is:       Image: Complete Address         Manufacturing       Transportation and Public Utilities         Wholesale Trade       Construction         Services       Agriculture         Manufacturing       Mining         Finance, Insurance, and Real Estate       Submit Certificate of Assumed business         Assumed address to which future correspondence should be addressed:       Secretary of State         IMED_CZ_Susan       CHEISTENSEN         IIIO_OPAL_CT_KUNA_ID_83634       Does 83720         Boise ID 83720-0080       Does 834-2301         Signature:       Mauge Museum         Mamus and address for this acknowledgment       Copy is (if other than # 4 above):         Signature:       Mauge Museum         Mauge Museum       Copy is state use only         Signature:       Mauge Museum	IDA-GEM PEOMOTIONAL 7	RODUCTS	
NORMAN LARCY CHRISTENSEN       IIIO OPAL CT.       KUNA ID \$3634         Susan Bailey CHRISTENSEN       IIIO OPAL CT.       KUNA ID \$3634         3. The general type of business transacted under the assumed business name is:       IIIO OPAL CT.       KUNA ID \$3634         3. The general type of business transacted under the assumed business name is:       State       State         Area       Construction       Services       Agriculture         Manufacturing       Mining       Submit Certificate of         Assumed Business       Name and address to which future       Secretary of State         Correspondence should be addressed:       Secretary of State       Po Box 83720         Bise ID 83720-0080       208 334-2301       D 836-34         5. Name and address for this acknowledgment       Phone number (optional):       208-922-5160         Signature:       Manufacturing       Manufacturing       Phone number (optional):         Signature:       Manufacturing       Manufacturing       Secretary of State use only         Signature:       Manufacturing       Christer Man # 4 above):       Secretary of State use only         Signature:       Manufacturing       Manufacturing       Secretary of State use only         Signature:       Manufacturing       Manufacturing       Secretary of State use only	business under the assumed business name:		
Susan Bailey CHPISTENSEN       110       0PAL_CT:       KULA_TD_\$3634         3. The general type of business transacted under the assumed business name is:	Name	Complete Address	
Susan Bailey CHPISTENSEN       JID       OPAL_CT:       KULA_TD       \$3634         3. The general type of business transacted under the assumed business name is:	NORMAN LARDY CHRISTENSEN	1110 OPAL CT. KUNA TO 83634	
Retail Trade       Transportation and Public Utilities         Wholesale Trade       Construction         Services       Agriculture         Manufacturing       Mining         Finance, Insurance, and Real Estate       Submit Certificate of         Assumed Business       Name and \$25.00 fee to:         Services       Submit Certificate of         Assumed Business       Name and \$25.00 fee to:         Secretary of State       Secretary of State         700 West Jefferson       Basement West         PO Box 83720       Boise ID 83720-0080         JHO       OPAL <ct< td="">         KUNA       TD         Soly is (if other than \$4 above):       208 - 922 - 5160         Signature:       Hawy Christerweig         Printed Name:       Name Alagey Christerson         Identification of 8 on back of formy       Secretary of State use only         IDAMD SECRETARY OF STATE       Secretary of State use only         Signature:       Mamuy Christerson         Mame:       Norman Largey Christerson         (see instruction \$8 on back of form)       Bit: 772444</ct<>	SUSAN Bailey CHRISTENSEN	1110 OPAL CT. KUNA FD 83634	
Wholesale Trade       Construction         Services       Agriculture         Manufacturing       Mining         Finance, Insurance, and Real Estate       Submit Certificate of Assumed Business Name and \$25.00 fee to:         Secretary of State       Secretary of State         IMEDY oz Susci CHEISTENSEN       Basement West         PO Box 83720       Boise ID 83720-0080         110 OPAL CT       Boise ID 83720-0080         KUNA TD 836-34       Phone number (optional):         Signature:       Lawy Curture         Vegenature medianed       Secretary of State use only         Signature:       Lawy Curture         Vegenature medianed       Christrensen         Printed Name:       Norman 1 Lakey Christrensen         Capacity/Title:       Capacity/Title:         Capacity/Title:       Capacity/Title:         (see instruction # 8 on back of form)       Christrensen	<ol> <li>The general type of business transacted under the assumed business name is:</li> </ol>		
Finance, Insurance, and Real Estate         Image: Susan CHEISTENSEN         Image: Susan CHEISTENSEN <t< td=""><td><ul> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> </ul></td><td>Submit Certificate of</td></t<>	<ul> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> </ul>	Submit Certificate of	
correspondence should be addressed:         1ARDY of Summe CHRISTENSEN         110 OPAL CT         KUNA ID 83634       Basement West         5. Name and address for this acknowledgment copy is (if other than # 4 above):       Phone number (optional):         208 - 922 - 5160         Signature: Many Current and the equival         Name and address for this acknowledgment copy is (if other than # 4 above):         Signature: Many Current and the equival         Printed Name: Norman Langey Christrensen (see instruction # 8 on back of form)         IDAMO SECRETIARY OF STATE         (See instruction # 8 on back of form)	Finance, Insurance, and Real Estate		
IIIO       OPAL CT       Boise ID 83720-0080         KUNA ID 83634       208 334-2301         5. Name and address for this acknowledgment copy is (if other than # 4 above):       Phone number (optional):         208 - 922 - 5160       208 - 922 - 5160         Signature:         Image: Signature:       Image: Signature reduined)         Printed Name:       Name Lakey Christrensen         (see instruction # 8 on back of form)       Image: Signature reduined)	correspondence should be addressed:	700 West Jefferson Basement West	
Nona       +D       85034         Solution       Phone number (optional):         Copy is (if other than # 4 above):       208-922-5160         Signature:       Image: Signature reduired)         Signature:       Image: Signature reduired)         Printed Name:       Normani Lakey Christrensen         (see instruction # 8 on back of form)       Image: Signature # 0	1110 OPAL CT	Boise ID 83720-0080	
Signature: <u>I Lawy Christerwan</u> Printed Name: <u>NormAN LAREY Christerwsen</u> (see instruction # 8 on back of form) <u>208-422-5160</u> Secretary of State use only DS1194 IDAHO SECRETARY OF STATE 10/21/2004 05 ± 00 CK: 1421 CT: 158010 BH: 772484		t Phone number (optional):	
Signature: <u>Il Lawy Christerwan</u> Printed Name: <u>NormAN LAREY Christersen</u> Capacity/Title: <u>Outverk</u> (see instruction # 8 on back of form)	COPY IS (if other than # 4 above).	208-922-5160	
(see instruction # 8 on back of form) K; 1421 CT; 150010 BH; 772404		Secretary of State use only	
(see instruction # 8 on back of form) K; 1421 CT; 150010 BH; 772404	(signature required)	edukton pes	
	Capacity/Title: <u>Ourwer</u>	CK: 1421 CT: 158010 BH: 772404	