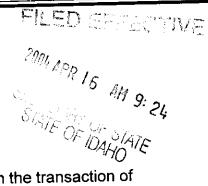
## CERTIFICATE OF ASSUMED BUSINESS NAME

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

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

(see instruction # 8 on back of form)



NOTE: See instructions of reverse before m	WAHOME
1. The assumed business name which the understand business is:  Sixkiller Software.	igned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  Middle Leslie Kisner	the entity or individual(s) doing  Complete Address  Soise, 10 837/6
3. The general type of business transacted under Retail Trade Transportation an Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  25 Moves Cycle Civer Roise, 10 837/6	
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above).</li> </ol>	(208) 424-6314
	Secretary of State use only
Mari Kriss	IDAHO SECRETARY OF STATE  ### A Property of ST
Signature: 1 (signature required)	IDAHO SECRETARY OF STATE  94/16/2004 05:00  CK: 1293 CT: 158910 BH: 739636  1 0 25:00 = 25:00 ASSUM NAME # 2
Printed Name: Michelle Kisner	CK: 1293 CT: 158910 BH: 739636 1 0 25.00 = 25.00 ASSUM HAME # 2
Capacity/Title: OWNEX	disposition of the control of the co