

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Ibmits for filing a certificate of Assumed Business Name Please type or print legibly. 10 JUL -6 AM 9: 06

SECRETARY OF STATE STATE OF IDAHO

NOTE: See instructions on reverse befo	ore filing.
The assumed business name which the unbusiness is:	dersigned use(s) in the transaction of
360 Degrees	
2. The true name(s) and business address(es business under the assumed business name Name	ne: Complete Address
3. The general type of business transacted ur	nder the assumed business name is:
Retail Trade	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Same	Secretary of State use only
Signature (signature required)	IDAHO SECRETARY OF STATE 07/06/2010 05:00 CK: 207 CT: 249411 BH: 1229465
Printed Name: Jon Sowers	IDAHO SECRETARY OF STATE
Capacity/Title: Owner	07/06/2010 05:00 CK: 207 CT: 249411 BH: 1229465 1 A 25.00 = 25.00 ASSUM NAME #
(see instruction # 8 on back of form)	