

## 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.

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<ol> <li>The assumed business name which the business is:</li> </ol>	e undersigned use(s) in the transaction of
MI	KAT Properties
2. The true name(s) and business addres business under the assumed business  Name  MKAT Group, Inc.  C 157832	cs(es) of the entity or individual(s) doing name:  Complete Address  3527 S. Federal Way, Suite 103  PMB 333  Boise, Idaho 83705
3. The general type of business transacted	d under the assumed business name is:
Retail Trade Transporta Wholesale Trade Construct	ation and Public Utilities ion
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Est	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  MKAT Group, Inc.  3527 S. Federal Way, Suite 103, PMB 333  Boise, Idaho 83705	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment Phone number (optional):
	Secretary of State use only
Signature: (signature liquired)	Sed   Company   Secretary of State
Printed Name: MKAT Group, Inc. Monica Teall	IDAHO SECRETARY OF STATE
Capacity/Title: Secretary  (see instruction # 8 on back of form)	O6/16/2005 05:00  CK: 1190 CT: 188283 BH: 816416  1 8 25.06 = 25.06 ASSUM NAME # 2