

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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SECRETARY OF STATE STATE OF IDAHO

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2 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Stafftopia, Inc PO Box 4590, Hailey, ID 83333 3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Onstruction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Stafftopia, Inc PO Box 4590, Hailey, ID 83333 5. Name and address for this acknowledgment copy IS (if other than # 4 above): Lisa Wood Secretary of State use only	Elevate Re	ecruiting Group
Retail Trade	business under the assumed business nan Name	me: Complete Address
COPY IS (if other than # 4 above): Lisa Wood Secretary of State use only	Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Stafftopia, Inc	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
lignature:	CODY IS (if other than # 4 above).	Secretary of State use only
rinted Name: Lisa Wood IBAHO SECRETARY OF STA		Formation of State Indiana Secretary of State