

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.

2006 MAY 26 AM 9: 26

SECRETARY OF STATE 1. The assumed business name which the undersigned use(s) in the transaction of business is: Sports Vision Plus 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 _105 N 4th St Suite 307 NOWYL IDAHO VISTORS LLC (W50564 The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State 700 West Jefferson correspondence should be addressed: Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

5. Name and address for this acknowledgment CODY IS (if other than # 4 above):

Phone number (optional):

Secretary of State use only

Signature:

Printed Name: Boy Is

Capacity/Title: (esident

(see instruction # 8 on back of form)

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