



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.

FILED EFFECTIVE

2005 SEP -2 AM 8:43

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Matrix Financial Solutions

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

David J. Theisen

905 Main Avenue, St. Maries, ID 83861

Patricia A. Theisen

905 Main Avenue, St. Maries, ID 83861

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate
(COMMERCIAL LOANS) | |

4. The name and address to which future correspondence should be addressed:

David J. Theisen

905 Main Avenue

St. Maries, ID 83861

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

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

Phone number (optional):

208-245-6814

Signature: _____

(signature required)

Printed Name: _____

David J. Theisen

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

Secretary of State use only

g:\corp\forms\abn_forms\abn.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
09/02/2005 05:00
CK: 1589 CT: 158810 BH: 989663
1 @ 25.00 = 25.00 ASSUM NAME # 2

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