

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 MAY -4 AM II: 33

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

 The assumed business name which the business is: 	e undersigned use(s) in the transaction of
	Socialplasm
The true name(s) and business address business under the assumed busines Name Samuel Keith Swenson	
The general type of business transact	d under the assumed business name is:
Retail Trade Transpo	
Manufacturing Mining Finance, Insurance, and Real E	· · · · · · · · · · · · · · · · · · ·
The name and address to which future correspondence should be addressed Samuel Keith Swenson	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
16914 N. Denemere Loop	(208) 334-2301
Nampa, Idaho 83687	
5. Name and address for this acknowle copy is (if other than # 4 above):	gment
	Secretary of State use only
Signature:	——————————————————————————————————————
Printed Name: Samuel Keith Swenson	Software Software
Capacity/Title: Owner	
(see instruction # 8 on back of form)	D 130449