FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2010 MAY 20 PM 4: 10

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the unbusiness is: ORDO (NIC)	dersigned use(s) in the transaction of
2. The true name(s) and business address(es business under the assumed business name Name Skiphanie JD Breck	of the entity or individual(s) doing ne: Complete Address 2122 Addison Ave Gast. Twin Falls, + D 63301
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture	and Public Utilities
Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street
Stelphie TD Baker 459 Madison St. Twin Falls FD 93301	PO Box 83720 Boise ID 83720-0080 (208) 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above).	nt *
	Secretary of State use only
Signature: Styl W. D. X. C. R. (signature recursed) Printed Name: Styl Mani & TD Pakty & Capacity/Title: Owner & On back of form)	IDAHO SECRETARY OF STATE O5/21/2010

