



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2007 NOV -9 AM 10: 22

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

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

SpongeDry

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

Charles E Berrier 1610 E. 2ND Ave Post Falls
ID 83854

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 type="checkbox"/> Finance, Insurance, and Real Estate | |

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

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

Charles Berrier
1610 E. 2ND Ave
Post Falls Id 83854

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

Phone number (optional)

208 334 2301

Secretary of State use only

Signature

[Signature]

Printed Name

Charles Berrier

Capacity/Title

Owner/Manager

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
11/09/2007 05:00
CK: 1342536 CT: 172899 BH: 1084838
I @ 25.00 = 25.00 ASSUM NAME # 2

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