

CERTIFICATE OF ASSUMED BUSINESS NAME

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

10 NOV -5 AM 8: 23

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

| CWP | rint Services |
|--|---|
| P. The true name(s) and <u>business</u> address(obusiness under the assumed business name Name Operandi, LLC W (。1496 | |
| Wholesale Trade Construction | on and Public Utilities |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: Operandi, LLC | Secretary of State 450 North 4th Street PO Box 83720 |
| 1505 S. Owyhee Boise, ID 83705 | Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgme copy is (if other than #4 above). | ent |
| nature: | Secretary of State use only |
| nted Name: Khyan Warnerk | |
| | |
| apacity/Title: <u>President</u> gnature: | IDAHO SECRETARY OF STATE 11/05/2010 05=0 11/05/2010 05=0 CK: 2271 CT: 252569 BH: 12461 CK: 2271 CT: 252569 ASSUM NAME |

abri.pmd Rev. 07/2010

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