

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 APR 22 PM 1:46

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

SECRETARY OF STATE STATE OF IDAHO

D147072

The assumed business name which the unbusiness is: Bad Influence Process	- ','
2. The true name(s) and <u>business</u> address(estausiness under the assumed business names <u>Name</u> Skfany Mahoney Sara Burns	
3. The general type of business transacted ur Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: BIP PO BOX 45 Bellevue, 10 83313	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	nt
do 10 20 11 12	Secretary of State use only
Printed Name: Sara Burns Capacity/Title: Co- President Signature: Stefany Mahovey Printed Name: Stefany Mahovey Capacity/Title: Co- President	IDAHO SECRETARY OF STATE 04/22/2011 05:00 CK: 9531 CT: 258051 BH: 1270490 1 0 25.00 = 25.00 ASSUM MANE # 2
Capacity/Title: <u>Co - President</u>	D 1117 070