CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAHO

To the SECRETARY OF STATE, STAT Pursuant to Section 53-504, Idah	no Code, the undersigned
gives notice of adoption of an As 1. The assumed business name which the un-	in the second se
business is: Virtual Surrou	ndings = 1
The true name(s) and business address(es business under the assumed business name).	s) of the entity or individual(s) doing
<u>Name</u>	Complete Address
BIO DATA SOLUTIONS, INC	149 E Woodbury Dr
(130932)	Mendian, 10 83642
 The general type of business transacted un (mark only those that apply) 	nder the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	☐ Finance, Insurance, and Real Estate ☐ Mining
4. The name and address to which future P correspondence should be addressed:	Phone number (optional): 208-288-2699
Virtual Surroundings 149 E Woodbury Dr	Submit Certificate of Assumed Business Name and \$20.00 fee to:
Mendian 10 8:642	Secretary of State 700 West Jefferson
Name and address for this acknowledgmer copy is (if other than # 4 above):	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only 1DAHO SECRETARY OF STATE
Signature: BOOWY S. HWSM	10AHO SECRETARY OF STATE 09/08/2000 09:00 CK: 1946 CT: 122273 BH: 347218 1 2 20.00 = 20.00 ASSUM NAME # 2
Printed Name: <u>Beatrix</u> S. Huish	
Capacity: President (see instruction # 8 on back of form)	1) 3 45 A Ψ