

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

05 MAR 14 PH 3: 57

submits for filing a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRET BY OF STATE STATE OF IDAHO

Morton Devel	opment & B	uilding
2. The true name(s) and business address(e business under the assumed business name Name MDB, LLC	me:	entity or individual(s) doing Complete Address Silver Creek Road, Caldwell, ID 83605
Retail Trade Transportation Wholesale Trade Construction	n and Pub	
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate)	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which future correspondence should be addressed: Thomas Morton		Secretary of State 700 West Jefferson Basement West PO Box 83720
14437 Silver Creek Road Caldwell, Idaho 83605		Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above).	ent	Phone number (optional): 208.343.3434
Shaina Jensen, Perkins Coie LLP 251 East Front Street, Suite 400		Secretary of State use only
Boise, Idaho 83702	on formstabn.p65 042003	1000cm

(signature required) Thomas Morton

President, The Morton Group, Inc.

(see instruction # 8 on back of form)

Printed Name:

Capacity/Title:_

IDAHO SECRETARY OF STATE

03/15/2006 05:00

CK: 1542 CT: 143030 BH: 943181

1 8 25.00 = 25.00 ASSUM NAME # 2