Capacity/Title: Duna

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

1. The assumed business name which the understances is: **Cutewan Consulting**	FE :: 24
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Michael J. Referen 3	Complete Address
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 3127 & 650 N Manan, TD 33434	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): 208 - 754- 9335
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 03/21/2003 05:00 CK: 1005 CT: 158010 BH: 670086 1 2 28.90 = 20.00 ASSUM NAME # 2