CERTIFICATE OF ASSUMED BUSINESS NAME

09 SEP 29 AM 8: 30

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

business is: Customer De	livery syclems Services	
. The true name(s) and business address(es business under the assumed business nam) of the entity or individual(s) doing e:	
Name	Complete Address	
Hotel Guest Maps, LLC	1212 6th St. N.	
W85268	Nampa, ID 83887	
The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	submit Certificate of Assumed Business Name and \$25.00 fee to:	
Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Customer Delivery Systems	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	
1212 6th St. N.	(208) 334-2301	
Nampa, ID 83687 5. Name and address for this acknowledgme copy is (if other than # 4 above). John M. Crow	ent	
504 16th Ave. S.	Secretary of State use only	
Nampa, ID 83651 nature: (signature refutred) John M Crow	IDANO SECRETARY	or otati

09/29/2009 05 = 00 CK: 315768 CT: 172899 BH: 1188939 1 0 25.00 = 25.00 ASSUM NAME # 2