

FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2008 MAR 10 AM 10:50

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

EDGES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

IDAHO CUSTOM ENGRAVING, LLC

Complete Address

83 N. 100 E. -RUPERT, ID 83350

W 72101

3. The general type of business transacted under the assumed business name is:

| | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

4. The name and address to which future correspondence should be addressed:

IDAHO CUSTOM ENGRAVING, LLC

83 N. 100 E. -RUPERT, ID 83350

5. Name and address for this acknowledgment copy is (if other than #4 above):

LOYAL H. SHARP

17332 STAFFORD CIRCLE

YORBA LINDA, CA 92886

Secretary of State use only

Signature: LOYAL H. SHARP

Signature received

Printed Name: LOYAL H. SHARP

Capacity/Title: CFO

(see instruction # 8 on back of form)

IDaho SECRETARY OF STATE
03/10/2008 05:00
CK: 1491799 CT: 172899 BH: 1103596
1 0 25.00 = 25.00 ASSUM NAME # 4

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