

CERTIFICATE OF ASSUMED BUSINESS NAME

05 FEB 10 PM 12: 02

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

SECRETARIA OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

Impac	Design Studios
2. The true name(s) and business address business under the assumed business Name Impact Technologies, Inc.	es) of the entity or individual(s) doing ame: Complete Address 5700 E. Franklin Rd, Ste 220-G Nampa, ID 83687
	on and Public Utilities
 Wholesale Trade	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Impact Design Studios 5700 E. Franklin Road, Suite 220-G Nampa, ID 83687	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledge copy is (if other than # 4 above). 	nent Phone number (optional): 208-465-3646
	Secretary of State use only
gnature: Solbi Signature required) sinted Name: Bobbi Fuller apacity/Title: President	1000770 Description 1000770 Description

CK: 3856 CT: 150618 PH: 792424 8 25.60 = 25.60 ASSUM NAME # 2

184360