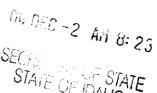


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



FILED EFFECTIVE

		DAHO	
The assumed business name which the business is:	undersigned	I use(s) in the transaction of	
business is:			
<u>C</u> cardswipe.com			
2. The true name(s) and business address(ntity or individual(s) doing	
business under the assumed business n	ame:		
Name	6.6	Complete Address	
Joshua David Marks	. <u>USS</u>	M.) A = 0 82/17	
	Nieria	AA , EO DOGAR	
44			
3. The general type of business transacted	under the a	ssumed business name is:	
Retail Trade Transportat	ion and Pub	lic Utilities	
Wholesale Trade Construction	on ,		
Services		Submit Certificate of	
☐ Manufacturing ☐ Mining		Assumed Business	
Finance, Insurance, and Real Esta	ite	Name and \$25.00 fee to:	
4. The name and address to which future		Secretary of State 700 West Jefferson	
correspondence should be addressed:		Basement West	
same as above	_	PO Box 83720 Boise ID 83720-0080	
	-	208 334-2301	
	_		
5. Name and address for this acknowledg	ment	Phone number (optional):	
COPy IS (if other than # 4 above):		278 353 1440	
		Secretary of State use only	
	n.p65		
ignature: <u>Sec Meder</u>	mwslab 2003	IDANO SECRETARY OF STATE	
rinted Name: <u>Jush Marks</u>	forms/abn forms/	1270272004 05:00 CK: 122823881099LD CT: 172099 BH: 7793	
Capacity/Title: ついいとく	g:\corpiforms\abn forms\abn.p65	1 0 25.00 = 25.00 ASSUM NAME # 2	
(see instruction # 8 on back of form)	8 8		
		D 82320	