CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, ST Pursuant to Section 53-504, lo	
gives notice of adoption of an 1. The assumed business name which the business is:	undersigned use(s) in the transaction of
CAS Inc. DOA Cri-	Hters STATE OF IDAHO STATE
The true name(s) and business address(business under the assumed business named	es) of the entity or individual(s) doing ame is/are:
<u>Name</u>	Complete Address
Chris monson	160 E. 100 N. Malad, Id. 83252
Shelly Fulk	160 F. 100 N. Malad Id. 83252
3. The general type of business transacted under the assumed business name is: (mark only those that apply)	
Retail Trade Manufactur Wholesale Trade Agriculture Services Constructio	Finance, Insurance, and Real Estate
 The name and address to which future correspondence should be addressed: 	Phone number (optional): <u>208 - 766 - 200</u> 5
160 E. 100 N Malad, Id. 83252	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledgme copy is (if other than # 4 above): Some as above	Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: Chini Momon	Revision 1289
Printed Name: Chnis Mousew Capacity: President (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 11/25/2005 05:00 CK: 109 CT: 158010 BH: 923746 1 @ 25.00 = 25.00 ASSUM NAME # 2
	<u></u> ■ D93987