

isee instruction # 8 on back or form

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2007 OCT 10 PM 4: 30

SLONETARY UP STATE STATE OF IDAHO

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

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: Reliable Payroll Services L.L.C. 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name Name Complete Address Lynn L. Jack 1139 E 1250 N: Shelley Idaho 83274 Channel Blend L.L.C 451 Park Avenue; Idaho Falls, ID 83402 1027441A 3. The general type of business transacted under the assumed business name is. Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to. 4. The name and address to which future Idaho Secretary of State correspondence should be addressed: 450 N 4th Street PO Box 83720 Boise ID 83720-0080 Reliable Payroli Services 451 Park Avenue (208) 334-2301 Idaho Falls. ID 83402 5. Name and address for this acknowledgment CODY is of other than # 4 above). Secretary of State use only Signature: Printed Name.

IDAHO SECRETARY OF STATE
10/11/2007 05:00

CK: 1305553 CT: 172099 BH: 1079913
1 0 25.00 = 25.00 ASSUM NAME # 2

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