Signature:

Printed Name:

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 AUG 18 AM 9: 04

STATE OF IDAHO

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

Patrick M Doneen

President

(see instruction # 8 on back of form)

 The assumed business name which the undersigned use(s) in the transaction of business is: **Tricos Consulting** The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: **Complete Address** Name Doneen & Associates, LLC P.O. Box 6398 Ketchum, ID 83340 W20670 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of **Assumed Business** Manufacturing Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 Pat Doneen, c/o Doneen & Associates, LLC (208) 334-2301 PO Box 6398 Ketchum, ID 83340 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only

IDAHO SECRETARY OF STATE

08/18/2008 05:00

CK: 652 CT: 228902 BH: 1132058

1 2 25.80 = 25.80 ASSUM NAME # 2