

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 JAN 21 AM 11:51

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

The true name(s) and husiness addr	
business under the assumed busines	ess(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Matraex, Inc	1020 W Main St. Suite 250 Boise, Idaho 83702
(0138352)	
The general type of business transaction	cted under the assumed business name is:
Retail Trade Transpo	ortation and Public Utilities
☐ Wholesale Trade ☐ Constr	uction
Services Agricul	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real	
The name and address to which futu	re Secretary of State
correspondence should be addresse	ed: 450 North 4th Street
Matraex, Inc - Michael Blood President	PO Box 83720
1020 W Main St. Stc 250	Boise ID 83720-0080 208 334-2301
Boise, Idaho 83702	200 007-2001
Name and address for this acknowle	edgment
COPY IS (if other than # 4 above):	
Matraex, Inc - Michael Blood President	
1020 W Main St.	
Boise, Idaho 83702	Secretary of State use only
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ed Name: Michael Blood	1DAHO SECRETARY OF STA 01/21/2015 05:0
acity/Title: President	CK:7510 CT:273763 BH:1
ature:	16 25.00 = 25.00 ASSUM

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Printed Name: _ Capacity/Title:_