FILED EFFECTIVE



Capacity/Title ________K

Signature __ Printed Name: Capacity/Title:

CERTIFICATE OF

2011 JAN 14 AY11: 42

ASSUMED BUSINESS NAME

Pursuant to Section 53-564, idaho Code, the undersigned LIATE BE USAFO submits for filling a certificate of Assumed Business Name

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

The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:	
Name	me. Complete Address
Digitatiog LLC	P.O. Box 129 Alhel, ID 83801
-(w52645)	
The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction We Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Digitalog LLC	n and Public Utilities Submit Certificate of Assumed Business
P.O. Box 129	208 334-2301
Athel, ID 83801 Name and address for this acknowledgme	nt L1

| IDAHO SECRETARY DE STATE | 01/14/2011 | 05:00 | CK: 585850 | CT: 172899 | BH: 1255485 | 0 25.00 = 25.66 | ASSUM NAME | 2