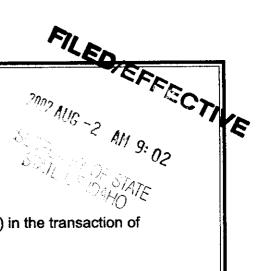


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



| Kipp Consulting | |
|--|--|
| The true name(s) and business address(es) of the business under the assumed business name: Name | e entity or individual(s) doing Complete Address |
| Helen "Kipp" Montgomery-Blacharczyk | 346 Durkee Road |
| | Sandpoint |
| | ID 83864 |
| The general type of business transacted under t | |
| Retail Trade | Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): |
| on page | Secretary of State use only |
| nature: Slywwyom Bacher (eigneture required) nted Name: Helen Montgomery-Blacharczyk pacity/Title: Owner (see instruction # 8 on back of form) | IDAHO SECRETARY OF STI |

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