CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse D/E/ To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Connerstone Safety Sources 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Frederick John Defold II 4494 w. Rlue Creek St Meridian Id 83642 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): (208) 855-0779 correspondence should be addressed: Fred DePold @ Submit Certificate of Connectione Safety Services Assumed Business Name and \$20.00 fee to: 4494 w. Blue Creek St maridian Id 83642 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West CODY is (if other than # 4 above): PO Box 83720 Boise ID 83720-0080 208 334-2301

Secretary of State use only

Printed Name: Fred DePold

Capacity: President

(see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE
10/22/2002 05:00
CK: 1001 CT: 164394 BH: 641944
1 0 20.00 = 20.00 ASSUM NAME # 2

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