

CERTIFICATE OF ASSUMED BUSINESS NAME DE JAN 10 AM 8: 21

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

GEM STATE STAFFING	
The true name(s) and business address(e business under the assumed business na Name TWIN FALLS STAFFING LLC	es) of the entity or individual(s) doing ame: Complete Address 870 BLUE LAKES BLVD N., SUIT #4
W 17345	TWINFALLS, IDAHO 83301
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ROCKY MOUNTAIN MANAGMENT INC P.O. BOX 4125	Submit Certificate of Assumed Business
BEDFORD WY 83112	
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
	Secretary of State use only
-// am	99d:1
gnature: (kom / Wyhat)	### ##################################
(signature required)	
nted Name: THOMAS S. WELSTAD	E 80 E STORE SECRETORY OF STORE

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