## CERTIFICATE OF ASSUMED BUSINESS NAME

FUED EFFECTIVE

Please type or print legibly. NOTE: See instructions on reverse befo	re filing. STATE OF IDAMO
The assumed business name which the unduliness is: <i>5B TECHNOLOGIES</i>	
2. The true name(s) and business address(es business under the assumed business nam Name  SHIRLEY STVOEBAKER	
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  SHIRLEY STUDE BAKER  PO BOX 3424  KETCHWM 10 83340	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Phone number (optional):  208 720 3963
ignature: Studen Stydeballen (signature required)	Secretary of State use only  53d ugessure  6012)

Printed Name: SHIRLEY STVOEBAKER

(see instruction # 8 on back of form)

Capacity/Title: PRESIDENT

IDAHO SECRETARY OF STATE

92/23/2005 05:00

CK: 6148 CT: 158810 RH: 794615

1 8 25.08 = 25.00 ASSUM NAME : 2

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