

Capacity/Title:___

(see instruction #8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 FEB 25 AM 10: 20

FILED EFFECTIVE

SECRETARY OF STATE STATE OF IDAHO

CK: 655 CT: 158010 BH: 1101063 8 25.00 = 25.00 ASSUM NAME # 2

119376

Please type or print legibly. NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Multi- Versatile Services 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Nicklaus P.O. Box 1366 McCull, ID 836 38 Johnson 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 Johnson (208) 334-2301 83638 5. Name and address for this acknowledgment CODY is (if other than #4 above). Secretary of State use only Signature: Printed Name: IDAHO SECRETARY OF STATE 02/25/2008 05:00