CERTIFICATE OF ASSUMED BUSINESS NA Pursuant to Section 53-504, Idaho Code, the un submits for filing a certificate of Assumed Busine Please type or print legibly. NOTE: See instructions on reverse before fil	ess Name. STATE OF OF STATE
1. The assumed business name which the undersigned use(s) in the transaction of business is: RELIANCE TECHNOLOGY, INC.	
2. The true name(s) and business address(es) of business under the assumed business name: Name <u>CALIOPEY, TNC</u>	the entity or individual(s) doing Complete Address BONS, ID 83709 2064 W. HARVESTER CT.
 3. The general type of business transacted under Retail Trade Transportation ar Wholesale Trade Construction Services Agriculture Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: <u>ELSA OBERT</u> <u>12064</u> W. <u>HARVester ct.</u> <u>BOISE</u>, <u>TA 8379</u> 5. Name and address for this acknowledgment copy is (if other than #4 above): 	nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature: <u>Clsa</u> <u>Obert</u> (signature required) Printed Name: <u>FLSA OBERT</u> Capacity/Title: <u>PRES/AENT</u> (see instruction # 8 on back of form)	SQUARE SQUARE<

<u>22</u>7