

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

D153300

2012 FEB 14 Alf 9: 29

SECRETARY U. STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

PREFERRE	D INCOME SOLUTIONS
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> R. John Eyre	
3. The general type of business transacted Transport Retail Trade Trade Construct	ation and Public Utilities
Services Agricultur Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of . Assumed Business
4. The name and address to which future correspondence should be addressed: Preferred Income Solutions	450 North 4th Street PO Box 83720
5683 N. Cattail Way Boise, ID 83714	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
Signature: Den Egn	Secretary of State use only
Printed Name: R. John Eyre	
Capacity/Title: Owner Signature:	TRAIN OPPOPTABLY OF STATE
Printed Name:	IDAHO SECRETARY OF STATE 02/14/2012 05:00 CK: 1128 CT: 158610 BH: 1316693 1 0 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010