

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned FE3 -3 AM 8: 27 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETATION OF STATE STATE OF IDAHO

Marke	ting Logic	
. The true name(s) and business address(es business under the assumed business nar Name Matthew J. Knox	ne:	ntity or individual(s) doing Complete Address PO Box 1224 Fruitland ID 83619
. The general type of business transacted un		
 □ Wholesale Trade □ Construction ☑ Services □ Agriculture □ Mining □ Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Matthew J. Knox 		Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080
PO Box 1224		(208) 334-2301
Fruitland, ID 83619		
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent	
		Secretary of State use only
ted Name: Matthew J. Knox	gicorptomatabn formstabn.p85 Revised 04/2003	IDAHO SECRETARY OF STATE 02/03/2009 05: