CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the Undersigned 9: 07

	gives notice of adoption of an Ass. The assumed business name which the unc	sumed Busii	ness Name.	9
1.	The assumed business name which the und business is:	lersigned us	e(s) The the Grant tion of	CI TI TI CI
	Wilson Funding s	colutions		FIII FIII
2.	The true name(s) and business address(es) business under the assumed business name	of the entity e is/are:	or individual(s) doing	CTIVE
	Name Andrew Hoyd Wilson 4	970 Blas	er Circle Boise Id. 837	05
3.	The general type of business transacted und	der the assu	med business name is:	-
	Retail Trade		nsportation and Public Utiliti ance, Insurance, and Real E iing	
4.	The name and address to which future Phone number (optional):correspondence should be addressed:			
	Andrew Wilson		Submit Certificate of	
	4870 Blaser Circle	·	Assumed Business Name and \$20.00 fee to:	j
5.	Boise Id. 83705 Name and address for this acknowledgment copy is (if other than # 4 above):		Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
		50	Secretary of State use only	<u></u>
natu	re: A.dr. / Milan/	CX 3 8	IDAHO SECRETARY OF STATE 02/05/2001 09:00 2-178348855 CT: 141781 BH: 376872	

Printed Name: Andrew L. Wilson

Capacity: President

(see instruction # 8 on back of form)

1 8 20.00 = 28.00 ASSUM MANE # 2

D42394