



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

09 AUG 24 AM 8:39

SECRETARY OF STATE
STATE OF IDAHO

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:

Jostens Of Idaho

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

HWP, LLC

1020 Main St. Buhl, Idaho 83316

W 85975

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Jostens

Attn: Brenda Felton

161 5th Ave. S. Suite 105 Twin Falls, Id 83301

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

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Jostens

Attn: Brenda Felton

161 5th Ave. S. Suite 105 Twin Falls, Id 83301

Signature:

Michael H Felton
(signature required)

Printed Name:

Michael H Felton

Capacity/Title:

Authorized Member

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/24/2009 05:00
CK: 18983 CT: 47868 DN: 1184285
1 @ 25.00 = 25.00 ASSUM NAME # 2

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