

CERTIFICATE OF ASSUMED BUSINESS NAME

09 APR 29 PM 2: 15

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

SECRETARY OF STATE

Please type or print legibly.

SECRETARY OF STATE

STATE OF IDAHO

Please type or print legibly.

(see instruction # 8 on back of form)

NOTE: See instructions on reverse before	e filing.
The assumed business name which the under business is:	ersigned use(s) in the transaction of
2. The true name(s) and business address(es) business under the assumed business name Name Net Driver LC (W81421)	Complete Address POBOX 9433 POIS IN 83707
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Activity LLC Pox 9433 Pols Name and address for this acknowledgment copy is (if other than #4 above):	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
Signature: Add A Angula Signature Si	Secretary of State use only Secretary of State use only Secretary of State use only IPAHO SECRETARY OF STATE SA/29/2869 05 # 660 CK: 96 CT: 23618 IN: 1168285
Printed Name: Dott Looney Capacity/Title: Co-OWNER	IDAHO SECRETARY OF STATE 4 / 29 / 2009 05 : 00 CK: % CT: 236618 BH: 1168285

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