

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 65 FEB -2 PH 2: 25

Please type or print legibly. NOTE: See instructions on reverse before filing. SECRETATE OF IDAHO

CMT	Financial Group
The true name(s) and business address business under the assumed business in Name Brad Skinner	s(es) of the entity or individual(s) doing name: Complete Address 13965 W. Chinden Blvd. Ste 200F, Boise, ID 8371.
	ation and Public Utilities
 Wholesale Trade	e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: CMT Financial Group	Secretary of State 700 West Jefferson Basement West PO Box 83720
13965 W. Chinden Blvd. Ste. 200F Boise, ID 83713	Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledg copy is (if other than # 4 above); 	gment Phone number (optional): 208-794-6432
	Secretary of State use only
inted Name: Srad Skinner	- See CRETARY OF STA - IDAHO SECRETARY OF STA - O2/02/2005 05 CK: 1827 CT: 158010 BH: 1 8 25.00 = 25.00 ASSUM
apacity/Title: Owner (see instruction # 8 on back of form)	IDAHO SECRETARY OF STA

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