

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

2012 JUN -4 AM 9: 29

SECAL PARY OF STATE STATE OF IDAHO

Please type or print legibly.
Instructions are included on back of application.

| The assumed business name which the understances is: Co-Creations | signed use(s) in the transaction of |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Marilinda Boyce A | the entity or individual(s) doing Complete Address 400 E. Brenan Dr. Vampa, Id. 83686 |
| 3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | |
| 4. The name and address to which future correspondence should be addressed: Co-Creations 3400 E. Brenan Dr. Nampa, Id. 83686 | Secretary of State 450 North 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). | |
| - 1 · 0 · 0 | Secretary of State use only |
| Signature: Marilinda Boyce | |
| Printed Name: Marilinda Boyce | |
| Capacity/Title: OWNer | TRAUM CEMPETADY OF CTATE |
| Signature: | IDANO SECRETARY OF STATE 96/95/2012 95:99 CK: 3462 CT: 123566 BH: 1326861 |
| Printed Name: | 1 0 25.00 = 25.00 ASSUM MANE 0 2 |
| Capacity/Title: | |

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