Capacity/Title: <u>owner</u>

CERTIFICATE OF ASSUMED BUSINESS NAME

10 DEC -6 PH 3: 55

STATE OF IDAHO

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

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

Resto Clean	
The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Disaster Mitigation Company, LLC (W77966)	name: Complete Address
3. The general type of business transacte Retail Trade Transports Wholesale Trade Construct Services Agricultur	ation and Public Utilities tion
Manufacturing Mining Finance, Insurance, and Real Es	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Disaster Mitigation Company, LLC 1601 Essington Ct. Namps, ID 83686	
5. Name and address for this acknowledge COpy is (if other than # 4 shows): Kimbell D. Gourley PO Box 1097	gment
Bolse, ID 83701	Secretary of State use only
gnature: Nathenisi R. L. Monts apacity/Title: Manager	

IDAHO SECRETARY OF STATE

12/06/2010 @5:00

CK: 63262 CT: 67242 BH: 1249733
1 0 25.00 = 25.00 ASSUM NAME # 2

D143807