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

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

Envio	DAG			
busin	2. The true name(s) and <u>business</u> address(est business under the assumed business name Name ArmgaSys, Inc. (C188408) ArmgaSys, Inc.		•	
3. The g	general type of business transacted Retail Trade Transportati Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on and Pub n		
Armgi 3023	name and address to which future espondence should be addressed: aSys, Inc. E. Copper Point Drive, Suite 202 lian, ID 83642		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
COPY Envio	e and address for this acknowledgm is (if other than # 4 above): AG E. Copper Point Drive, Suite 202 dian, ID 83642	nent	Secretary of State use only	
Capacity/T Signature: ₋	me: Shavonna Case itle: Chief Operating Officer	- - -	IDAHO SECRETARY OF STATE 02/27/2015 05:00 CK:10716 CT:287380 BH:146392 16 25.00 = 25.00 ASSUM NAME	

1) 177096

Capacity/Title: Chief Executive Officer