



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 MAY 24 AM 8:47

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction is/are:

Deductible Reimbursement

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

DWS Holdings, LLC 2510 Aileron Rd, Richland, Wa 99354

(Name) (W155381) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

3. The general type of business transacted under the assumed business name is:

- | | | |
|--|--|---|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Construction | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Services | <input type="checkbox"/> Manufacturing | <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate |

4. Mailing address for future correspondence:

DWS Holdings, LLC

(Name)

PO Box 148

(Address)

Richland WA 99352

(City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City) (State) (Zipcode)

Printed Name: Darrell Strong

Signature: *Darrell Strong*

Printed Name: Kathryn R Miller

Signature: *Kathryn R Miller*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/24/2016 05:00

CK:1028 CT:324186 BH:1529953

10 25.00 = 25.00 ASSUM NAME #4

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