227 CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) To the SECRETARY OF STATE, STATE OF IDAH LED/EFFECTIVE Pursuant to Section 53-504, Idaho Code, the Sindersigned: 47 gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: STAFFTOPIA 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name FLNK. Com, Inc. 418 N. RIVER St., SUITE 32 C 134829 HAILEY, ID 83333 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Manufacturing Transportation and Public Utilities Retail Trade Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: SEE ITEM 2 Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODY IS (if other than # 4 above). Boise ID 83720-0080 C/O EDWARD SMON 208 334-2301 P.O. BDX 540

Secretary of State use only

IDAHO SECRETARY OF STATE

09/46/2000 09:00 CX: 2079 CT: 24017 BH: 346445

1 8 28.88 = 28.88 ASSUM NAME # 2

D38424

Signature:_

Printed Name:

LISA WOOD

PRESIDENT

KETCHUM ID 83341)

(see instruction # 8 on back of form)

Capacity: