Capacity/Title: Dune /

(see instruction #8 on back of form)

FILED EFFECTIVE

|--|

CERTIFICATE OF ASSUMED BUSINESS NAME

2007 AUG 26 AN 9:11

Pursuant to Section 53-504, Idaho Code, the undersigned

aubmits for hing a certificate of Assumed	Business Name.
Please type or print legibly.	
NOTE: See Instructions on reverse bef	ore filing.
1. The assumed business name which the u	ndersigned use(s) in the transaction of
business is:	20 St. 20
· After Midnite Kan	ranke
2. The true name(s) and business address(e	s) of the entity or individual(s) doing
business under the assumed business nan	ne:
<u>Name</u>	Complete Address
Decision Support Solutions, LLC	273 Winged Fout Pl
11) 5407	Eagle, 1d, 836/6
	- Cagre, 100 5 5015
3. The general type of business transacted u	inder the assumed business name is
J. 7,10 ganera, type of anomala management	
Retail Trade Transportation	on and Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	Submit Certificate of
Manufacturing Mining	Assumed Business
· • • · • · • · • · • · • · • · • · • ·	Name and \$20 Office to
Finance, Insurance, and Real Estate	9
The name and address to which future	Secretary of State
correspondence should be addressed:	700 West Jefferson Basement West
After midnite Kargoke	PO Box 83720
	Boise ID 83720-0080
David T. Misner	208 334-2304
213 Winged Foot Ply Engle, Id	36/1
5. Name and address for this acknowledgm	nent Phone number (optional):
COPY IS (if other than # 4 above):	208-926-8410
	203 137 370
	Secretary of State use only
7	· 8
Illa il Thui	
mature: Wanuf / Mush	IDAHO SECRETARY OF STATE 88/26/2002 05:00 CK: 1625 CF: 163017 BH: 484782
	208-939-8910 Secretary of State use only