CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse) To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Name Complete Address Randall L. Flax 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Minina 4. The name and address to which future Phone number (optional): _____ correspondence should be addressed: bosulting and Training Submit Certificate of Assumed Business Name and \$20.00 fee to: Idaho Falls 10 83401 Secretary of State 5. Name and address for this acknowledgment 700 West Jefferson Basement West COpy is (if other than #4 above). PO Box 83720 Boise ID 83720-0080 208 334-2301 Secretary of State use only Signature: Printed Name: Rond IDAHO SECRETARY OF STATE 03/27/2002 05:00 Capacity:_ CK: 4590 CT: 158010 BH: 455095

(see instruction # 8 on back of form)

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20.00 ASSUM NAME # 2