

CERTIFICATE OF ASSUMED BUSINESS MATNED AM 8: 20

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name OF STATE

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

GEM STATE STAFFING	
2. The true name(s) and business address(e business under the assumed business na Name NAMPA STAFFING LLC W 46535	es) of the entity or individual(s) doing me: Complete Address 312 CALDWELL BLVD NAMPA, IDAHO 83651
3. The general type of business transacted use Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ROCKY MOUNTAIN MANAGMENT INC P.O. BOX 4125 BEDFORD WY 83112	Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above): [Inature:	Secretary of State use only
nted Name: THOMAS S. WELSTAD pacity/Title: PRESIDENT	IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE IDAHO SECRETARY OF S

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