



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2009 JAN 20 AM 9:43

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

AllSource PPS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Howroyd-Wright Employment Agency, Inc.

327 W. Broadway, Glendale, CA 91204

LC123070

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

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

4. The name and address to which future correspondence should be addressed:

Corporation Service Company

1401 Shoreline Suite 2

Boise, ID 83702

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Attn: Tax Department

P.O. Box 29048

Glendale, CA 91209-9048

Signature: _____

Michael A. Hoyal
(signature required)

Printed Name: _____

MICHAEL A. HOYAL
C.F.O.

Capacity/Title: _____

(see instruction # 8 on back of form)

Secretary of State use only

D127657

IDAHO SECRETARY OF STATE
01/21/2009 05:00
CK: 472483 CT: 89375 BM: 1153168
1 @ 25.00 = 25.00 ASSUM NAME # 2