

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned MAY -8 MII: 54 submits for filing a certificate of Assumed Business Name.

Please type or print legibly.

STATE OF IDAHO

NOTE: See instructions on reverse before filing

Printed Name: DAVID V- ENSTMAN

(see instruction # 8 on back of form)

Capacity/Title: KEFSIDENT

business is: Auto SHOP Conch	,
2. The true name(s) and business address(es) of the business under the assumed business name: Name **SST_DFVFVPMWT Solutions Inc., 1903 C 118512	Complete Address
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: DAVID ENSTMAN 1903 HONEY ST. BOISE TO. 83705 5. Name and address for this acknowledgment	
COPY is (if other than # 4 above):	Secretary of State use only

IDAHO SECRETARY OF STATE

05/08/2008 05:00

CK: 110101 CT: 172099 BH: 1114232
1 % 25.00 = 25.00 ASSUM NAME # 2