Capacity/Title: CEO

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

SECRETARIO DE STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned business is:	use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the enbusiness under the assumed business name: Name	tity or individual(s) doing Complete Address E Washington Roise TA 83702
3. The general type of business transacted under the a Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 918 E Washington Resise, Island 202	1
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): Secretary of State use only
Signature:	()/(()) / ()) / () / () / () / () /