



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.

11 JUN 27 AM 9:42

SECRETARY OF STATE
STATE OF IDAHO

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

TOXIC CALLS

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

MICHAEL S. DIETN

1140 BELL LANE Kimberly, ID

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input 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:

TOXIC CALLS
1140 BELL LANE
Kimberly, ID 83341

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

Signature: [Signature]

Printed Name: MICHAEL S. DIETN

Capacity/Title: OWNER

Signature: [Signature]

Printed Name: MICHAEL S. DIETN

Capacity/Title: [Signature]

Secretary of State use only

IDAHO SECRETARY OF STATE
06/27/2011 05:00
CK: 22833068 CT: 158010 BH: 1280252
1 @ 25.00 = 25.00 ASSUM NAME # 2

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