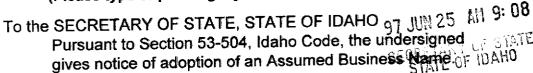
## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name of IDAHO		
1.	The assumed business name which the undersigned use(s) in the transaction of business is:	
	WHITE CLOUD CONSULTING & PERSO	NNEL
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:	
	Name Con ALLINDLEY, INC. P.D. Box 35	nplete Address 709 - 418 N. River St.
	HAILEY	. ^ ^ ^ ~ ~ ~ ~
3.	The general type of business transacted under the assumed business name is: (mark only those that apply)	
	☐ Wholesale Trade       ☐ Agriculture       ☐ Fin         ☐ Services       ☐ Construction       ☐ Mir	ance, Insurance, and Real Estate hing
4.	I. The name and address to which future Phone number (optional): 208-788-0265 correspondence should be addressed:	
	AL LINDLEY	Submit Certificate of Assumed Business
	P.O. Box 3509	Name and \$20.00 fee to:
	HAILEY, 10 83333	Secretary of State 700 West Jefferson
5.	Name and address for this acknowledgment	Basement West PO Box 83720
	COPY IS (if other than # 4 above):	Boise ID 83720-0080 208 334-2301
		Secretary of State use only
	Revision 2/97	IDAHO SECRETARY OF STATE DATE 06/25/1997 0900 105438 2

Printed Name: AL LINOLEY

Capacity: Presideni

(see instruction # 8 on back of form)

CK #: 1078 CUST# 82432 20.00= 20.00