

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. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

10 MAY -5 PM 1: 06

SECRETARY OF STATE STATE OF IDAHO

D139023

1. The assumed business name which the undersite business is: PENCILMAN. Company.	
2. The true name(s) and business address(es) of t business under the assumed business name: Name Richard W. Nichold Paula R. Nichold	he entity or individual(s) doing Complete Address 6/1 E HAWA / AVE NAMPA, ID 83686
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Pen CI LMAN. COM 611 E. Hawaii Ave NAMPA, TO 83686	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	Na
	Secretary of State use only
Signature: Discourse Required by Signature r	IDAHO SECRETARY OF STATE
Capacity/Title: Nwner (see instruction # 8 on back of form)	2 05/05/2010 05 100 CK: CASH CT: 125988 BH: 1229874 1 0 25.00 = 25.00 ASKIN MANE 1.3