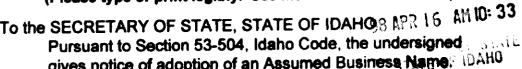
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)





The assumed business name which the business is:	
Innovated Enterpris	es
The true name(s) and business address(business under the assumed business na Name	es) of the entity or individual(s) doing ame is/are: Complete Address
	503 7 to Ave N Nauger ID. 836
3. The general type of business transacted (mark only those that apply) NoT Retail Trade Retail Trade Wholesale Trade Services Construction 4. The name and address to which future correspondence should be addressed:	ring Transportation and Public Utilities Finance, Insurance, and Real Estate
Justin Jinnay Robbus 503 74m Aug N.	Submit Certificate of Assumed Business Name and \$20.00 fee to:
5. Name and address for this acknowledge copy is (if other than # 4 above):	Secretary of State 700 West Jefferson nent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	TORREST SECURE TRANSPORTER
Signature: Sam Mk	CX: 342006338 CT: 97396 BH: 101627
Printed Name: Justin Robbins	DIHOSK

(see instruction # 8 on back of form)