(Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) (Please type or print legibly. See instructions on reverse.) CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Securita 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Complete Address Name Shawn L. Bouchard 2011. CATON Post Falls 1D Vezeau 1803 Norman Ane Coevi d'Avere 1087815 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Transportation and Public Utilities Wholesale Trade Agriculture Finance, Insurance, and Real Estate Services Construction Mining Phone number (optional): (208) 773-8913 4. The name and address to which future correspondence should be addressed: Shown Bruchard Submit Certificate of Assumed Business 201 11 CATON Post Falls Name and \$20.00 fee to: 1D 83814 Secretary of State 700 West Jefferson 5. Name and address for this acknowledgment Basement West PO Box 83720 CODV IS (if other than # 4 above): Boise ID 83720-0080 208 334-2301 Secretary of State use only IDAHO SECRETARY OF STATE **Ø1/06/2000 Ø9:00** CK: CASH CT: 124859 BH: 279232 Signature: Story Bowdon C 1 9 20.00 = 20.00 ASSUM NAME # 2 Printed Name: Shawn L. Bruchard

Capacity: 2 owenes partnersh

(see instruction # 8 on back of form)

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