Capacity/Title: Member/Manager

Signature: ___

Printed Name: ____ Capacity/Title: ___

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2011 MAY 11 PM 2: 17 SECRETARY OF STATE OF TOAHO

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.

	DES
The true name(s) and <u>business</u> address(business under the assumed business n Name Diversified Equity Systems, LLC	es) of the entity or individual(s) doing ame: <u>Complete Address</u> 414 Shoup Avenue, Idaho Falls, Idaho 83402
The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	ion and Public Utilities on Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: DES 414 Shoup Avenue Idaho Falls, ID 83402	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgr copy is (frother than # 4 above):	nent
ture: S.M. Sluth	Secretary of State use only

IDAHO SECRETARY OF STATE

95/11/2911 95:90

CK: 675726 CT: 172899 BH: 1273272

1 8 25.80 = 25.00 ASSUM MAME N 2

D147510

abs and Rev 07/201