CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.	FILED EFFECTIV
Please type or print legibly. NOTE: See instructions on reverse before filing.	SECRETARY OF S
 The assumed business name which the undersigned use business is: Arrow Sales 	s) in the transaction of
 The true name(s) and business address(es) of the entity or business under the assumed business name: Name 	r individual(s) doing nplete Address 85 E Idaho Falls, ID 83401
Manufacturing Mining As Finance, Insurance, and Real Estate Na	
correspondence should be addressed: 700 13049 N 85 E Idaho Falls, ID 83401 PC Box Box	cretary of State 0 West Jefferson sement West 0 Box 83720 ise ID 83720-0080 8 334-2301
5. Name and address for this acknowledgment Photocopy is (if other than #4 above):	ne number (optional): (208) 604-0265
hature: <u>Juliu Quinu</u> (signature required) ted Name: <u>Taushi Quinn</u> pacity/Title: <u>Owner</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 04/09/2007 05 # 00 CK: 1538 CT: 158010 BH: 184564