

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

09 MAR 10 AM 11: 22

SECRETARY OF STATE STATE OF IDAHO

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. 1. The assumed business name which the undersigned use(s) in the transaction of business is: 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name ZHON 212 COUTH LAURE 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Services Submit Certificate of **Assumed Business** Manufacturing Mining Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Idaho Secretary of State 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 (208) 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above). Secretary of State use only Signature:_

IBAHO SECRETARY OF STATE
03/10/2009 05:00
CX: CASH CT: 150010 BH: 1160574
1 0 25.00 CSSUM MANE # 2

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