CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.) OF STATE, STATE OF IDAHO The undersigned

| 1. | gives notice of adoption of an As The assumed business name which the un business is: NETWORK ENTERPUSE | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 2. | The true name(s) and business address(es business under the assumed business name Name | |
| 3. | The general type of business transacted un (mark only those that apply) Retail Trade Manufacturing | E OF |
| 4. | Wholesale Trade Agriculture Finance, Insurance, and Real Esta Services Construction Mining The name and address to which future Phone number (optional): correspondence should be addressed: | |
| | 1249 WILLOW CREEK DR NAMPA, IDAND 83686 | Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 5. | Name and address for this acknowledgmen copy is (if other than # 4 above): | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| | | Secretary of State use only IBOND SECRETARY OF STATE |
| natu | ure: Jun Cu | 27/21/1998 09:00 CK: 1022 CT: 100919 NH: 124491 1 0 28.00 = 20.00 ASSUM MANE |

(see instruction # 8 on back of form)