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CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Busi Please type or print legibly. NOTE: See instructions on reverse before the	undersigned iness Name. SECRETARY OF STATE STATE OF IDAHO
<ol> <li>The assumed business name which the undersigned use(s) in the transaction of business is: Flipz</li> </ol>	
<ol> <li>The true name(s) and business address(es) of business under the assumed business name: Name Chris Berkley</li> </ol>	f the entity or individual(s) doing Complete Address 1895 Elizabeth Blvd, Twin Falls, Id, 83301
<ul> <li>3. The general type of business transacted under</li> <li>Retail Trade</li> <li>Transportation an</li> <li>Wholesale Trade</li> <li>Construction</li> <li>Services</li> <li>Agriculture</li> <li>Manufacturing</li> <li>Mining</li> <li>Finance, Insurance, and Real Estate</li> </ul> 4. The name and address to which future correspondence should be addressed: <ul> <li>1895 Elizabeth Bivd, Twin Falls, ID, 83301</li> </ul>	
5. Name and address for this acknowledgment copy is (If other than # 4 above): 2503 Tamara DR Boise TD 83703	Phone number (optional): (208) 404-9870 Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 09/04/2007 05:00 CK: 1445 CT: 158818 BH: 1873768 1 # 25.88 = 25.88 ASSUM NAME # 0114756

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