

CERTIFICATE OF ASSUMED BUSINESS NAME

06 APR -7 PM 1:01

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETION OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

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N	s) and business address(es the assumed business nan lame atabase Consulting Inc.	ne:	entity or individual(s) doing Complete Address	
	C 119760		7154 W State St #407 Boise, ID 83714	
Retail Trace Wholesale Services Manufactur Finance, In The name and accorrespondence Distributed Databa	e		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301	
5. Name and address copy is (if other than	 Name and address for this acknowledgment copy is (if other than # 4 above); 		Phone number (optional): 208-343-4373	
			Secretary of State use only	
nature:	(signature requires	Pkormskabn formstabn p65 Revised 04/2003	PV890	
ited Name:	(signature required) Kenneth Gibson	formstabn form Revised 04/2003		
pacity/Title:	President	P. Forn	TRAHO SECRETARY OF	

IDAHO SECRETARY OF STATE

04/07/2006 05:00

CK: 2535 CT: 199000 BH: 948061

1 8 25.00 = 25.00 ASSUM NAME # 2