

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

FILED EFFECTIVE

2005 DEC 26 Mil 9: 14

NOTE: See instructions on reverse before filing. 1. The assumed business name which the undersigned use(s) in the transaction of business is: ngraving 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name; Complete Address Sons Inc_ Grit 2061 W 800N Blackfoot ID. 83221 **C48909** 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Services Agriculture Submit Certificate of Manufacturing Mining Assumed Business Name and \$25.00 fee to: Finance, Insurance, and Real Estate 4. The name and address to which future Secretary of State correspondence should be addressed: 700 West Jefferson Basement West 2060W 800N PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment Phone number (optional): CODY IS (if other than #4 above): 2*08-684-374*0 Secretary of State use only Signature: 010661 Printed Name: (

IDAHO SECRETARY OF STATE