

FILED EFFECTIVE

227



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2012 JUN 11 AM 10:31

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SclPurity

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Makarios, Inc.

P.O. Box 393, Post Falls, ID 83854

(C194855)

3. The general type of business transacted under the assumed business name is:

- Checkboxes for Retail Trade, Wholesale Trade, Services, Manufacturing, Finance, Insurance, and Real Estate, Transportation and Public Utilities, Construction, and Agriculture.

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301

4. The name and address to which future correspondence should be addressed:

Dr. Duke Johnson

P.O. Box 393

Post Falls, ID 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Christopher S. Crago

717 W. Sprague Ave., Suite 1200

Spokane, WA 99201

Signature: [Handwritten Signature]

Printed Name: Dr. Duke Johnson

Capacity/Title: Director

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Capacity/Title: \_\_\_\_\_

Secretary of State use only

457.pmd Rev 07/2010

IDAHO SECRETARY OF STATE 06/11/2012 05:00 CK: 1823339 CT: 172099 BH: 1327699 I e 25.00 = 25.00 ASSUM NAME # 2

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