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

Pursuant to Section 53-504, Idaho Code, the undersigned 08 Pi 100

ClikResponse	
The true name(s) and business address(es business under the assumed business name	•
Name Dean Teegarden	Complete Address 2109 Madison Ave. Boise, Idaho 8370
The general type of business transacted ur (mark only those that apply)	nder the assumed business name is:
Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Est Mining
The name and address to which future P correspondence should be addressed:	Phone number (optional): 388-8539
ClikResponse 2109 Madison Avenue	Submit Certificate of Assumed Business Name and \$20.00 fee to:
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
	Dean Teegarden The general type of business transacted un (mark only those that apply) Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction The name and address to which future correspondence should be addressed: ClikResponse 2109 Madison Avenue Boise, Idaho 83702 Name and address for this acknowledgment

Capacity: Owner

(see instruction # 8 on back of form)

1) 32732