

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 3221 11 4:10 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: Furldaho	
	ru	undano
2.	The true name(s) and <u>business</u> address(e business under the assumed business name Name Arson Labs LLC	
		, 5 55% 107, 1 5550, 15 557
	(W70750)	
 4. 		Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720
	PO Box 1374 Boise, ID 83701	Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	ent
0:		Secretary of State use only
	ature:	
	ed Name: Robert W. Wright	
Capa	city/Title: Owner / Member	IDAHO SECRETARY OF STATE @1/21/2011 @5:00
Signa	ture:	CK: 589544 CT: 172899 BH: 1256469 1 @ 25.86 = 25.80 ASSUM WANE # 2
Printe	ed Name:	
Capa	citv/Title:	

abn.pmd Rev. 07/2010

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