CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned



gives notice of adoption of an Assume	ed Business Name.
1. The assumed business name which the ubusiness is: FAST PLL of	undersigned use(s) in the transaction of こ
2. The true name(s) and business address(e business under the assumed business na Name Rocketchun Holden	es) of the entity or individual(s) data 💆 💆
The general type of business transacted unank only those that apply)	under the assumed business name is:
Retail Trade Manufacturion Wholesale Trade Agriculture Services Construction	Finance, Insurance, and Real Estate
4. The name and address to which future correspondence should be addressed: 10780 W. Excalibur Baise Albu	Phone number (optional): 377-4587 Submit Certificate of Assumed Business
5. Name and address for this acknowledgme copy is (if other than # 4 above):	Name and \$20.00 fee to: Secretary of State 700 West Jefferson ent Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature: Rockethum Holden	Secretary of State use only IDAHO SECRETARY OF STATE DATE 04/17/1997 0900 83948 2 CX #: cash CUST# 80039 ASSUM NAME 18 20.00= 20.00
Capacity:(see instruction # 8 on back of form)	ASSUM NAME 18 20.00= 20.00