

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

12 FSS 24 AR 8: 34

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

SECRETARY OF STATE

FILED EFFECTIVE

1) 153585

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

| The assumed business name which the business is: | he undersigned use(s) in the transaction of |
|--|--|
| GP | PS Data Solutions |
| 2. The true name(s) and <u>business</u> address business under the assumed business <u>Name</u> Clay Simmons | ess(es) of the entity or individual(s) doing is name: Complete Address 1898 Dipper Loop Post Falls, Idaho 83854 |
| | ted under the assumed business name is: rtation and Public Utilities |
| Services Agricultu Manufacturing Mining Finance, Insurance, and Real E | ure Submit Certificate of Assumed Business |
| The name and address to which future correspondence should be addressed GPS Data Solutions 1898 Dipper Loop | 450 North 4th Street PO Box 83720 Boise ID 83720-0080 |
| Post Falls, Idaho 83854 . Name and address for this acknowled | 208 334-2301 dgment |
| COPY is (if other than # 4 above): | |
| nature: | Secretary of State use only |
| nted Name: CLAY SIMMONS Dacity/Title: OWNER | |
| nature: | IDAHO SECRETARY OF STATE |
| ited Name: | 02/24/2012 05:00 CX: 2863 CT: 267348 BH: 131284 |

abn.pmd Rav. 07/2010