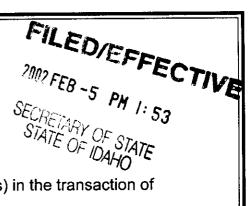


CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)



| business is: SWIPE POS PAYMENT TERMINALS | | |
|---|---|--|
| 2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name JMY ENTERPRISES INC 2 1353/6 | : <u>C</u> | or individual(s) doing Complete Address LENA AVE BOISE, ID. 83713 |
| 3. The general type of business transacted until a second contraction. Retail Trade | | |
| ManufacturingMiningFinance, Insurance, and Real Estate | | Assumed Business Name and \$20.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: 3355 N. FIVE MILE RD. #325 BOISE, IDAHO 83713-3925 | | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgme copy is (if other than # 4 above): | ent ^l | Phone number (optional): |
| | | Secretary of State use only |
| rinted Name: MARILYN YEGGY Capacity/Title: PRESIDENT | corpVorms\abn forms\abn.p65 Revised12/2001 | IDAHO SECRETARY OF STATE @2/05/2002 05:00 CK: 1188 CT: 156859 BH: 444485 1 @ 20.00 = 20.00 ASSUM MANE # 2 |

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