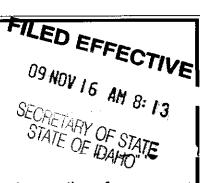
CERTIFICATE OF ASSUMED BUSINESS NAME

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)



| | TUAHO" |
|---|--|
| The assumed business name which the unders business is: | signed use(s) in the transaction of |
| ISU - Insure It All, LLC | |
| 2. The true name(s) and business address(es) of business under the assumed business name: Name TASureifall, LLC | Complete Address |
| (W87312) A | mmon, TD 83406 |
| 3. The general type of business transacted under | the assumed business name is: |
| Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: TSU-TISUTE FALL, LLC 1490 Midway Ave Ammon, TD 83406 | Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th 850 PO Box 83720 Boise ID 83720-0080 (208) 334-2301 |
| Name and address for this acknowledgment copy is (if other than #4 above): | |
| | |
| | Secretary of State use only |
| ignature: | |
| ignature: | IDAHO SECRETARY OF STATE 11/17/2009 05:00 CK: 421 CT: 25:19 DE5:00 |
| rinted Name: Tyler Schwendemen | IDAHO SECRETARY OF STATE 11/17/2009 05 EQ CK: 821 CT: 235318 BH: 1195 |
| pacity/Title: Member | 1 8 25.00 = 25.00 ngg nin |

D 134983