



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.

FILED EFFECTIVE

09 AUG 31 AM 8:53

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

FLIPSIDE

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

RK Nebeker

JL Porter

Complete Address

3544 E. 17th Street Suite 203

3544 E. 17th Street Suite 203

Idaho Falls
Id
83406
Id
83406

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input checked="" type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

RK Nebeker

3544 E. 17 Street Suite 203

Idaho Falls, ID 83406

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

JL Porter

625 TieBreaker Dr

Idaho Falls, ID 83406

Signature: *RK Nebeker*

(signature required)

Printed Name: RK Nebeker

Capacity/Title: Partner

(see instruction # 8 on back of form)

Secretary of State use only

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Revised 04/2003

IDAHO SECRETARY OF STATE
08/31/2009 05:00
CK: 1593 CT: 211705 BH: 1185136
1 @ 25.00 = 25.00 ASSUM NAME # 2

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