

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504. Idaho Code, the undersigned submits for filing a certific

Please type or print legibly. NOTE: See instructions on reverse before filin	
1. The assumed business name which the undersign business is: Ark ESSChtials	ned use(s) in the transaction of
John I Sill	c entity or individual(s) doing Complete Address EXX 634 AShton Ti) 83420 Exercise address
3. The general type of business transacted under the Retail Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: VICKIC Smith P.C. BOX U3H AShton, ID 831120 5. Name and address for this acknowledgment	assumed business name is:
nature: Zucke January (signature required)	Secretary of State use only

Sig Printed Name: Vickie Lu Smith Capacity/Title: owner (see instruction # 8 on back of form)

IDAHO SECRETARY OF STATE 97/18/2005 05:00 CK: 343 CT: 158018 BH: 821879 1 8 25.00 = 25.00 ASSUM NAME # 3