CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

2013 SEP -3 AM 9: 29

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the ubusiness is: BOISE MOBILE DRAFT	undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(obusiness under the assumed business name Name J SQUARED EVENT SOLUTIONS, LLC \(\text{LQQQQ}\)	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	on and Public Utilities
 Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: J SQUARED EVENT SOLUTIONS, LLC 8050 W ELM BROOK ST BOISE, ID 83714 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
Signature: Johny	Secretary of State use only
Printed Name: JOSHUA LEOS Capacity/Title: OWNER Signature: JORGE GONZALEZ	- IDAHG SECRETARY OF STATE - U9/U3/2U13 05:00 CK: 7668 C7: 158610 BH: 1388482 1 @ 25.00 = 25.00 ASSIN NAME # 2
Capacity/Title: OWNER	

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