

Printed Name:

Capacity/Title:_

e: OLD'NET (see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2007 JUL 16 AN 8: 35

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| 1. The assumed business name which the undersign business is: | ned use(s) in the transaction of |
|---|--|
| The true name(s) and business address(es) of the business under the assumed business name: Name | e entity or individual(s) doing Complete Address |
| Christy Zuans 218 | So you Ave & Suite = Din falls, 10 8330/ |
| 3. The general type of business transacted under the | e assumed business name is: |
| Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 2188444 Arc & Suite Tion Falls & Siite | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than # 4 above): | Phone number (optional): |
| | Secretary of State use only |
| anature X Parit Cean | |

IDAHO SECRETARY OF STATE

67/16/2007 05:00

CK: NO CK# CT: 158810 BH: 1965538

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