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CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 05 AUG - 3 PH 1: 18

| NOTE: See instructions on reverse before filing | SECRETARIE STATE STATE |
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| The assumed business name which the undersign business is: CORNERSTONE CLEA | ed use(s) in the transaction of |
| 2. The true name(s) and business address(es) of the business under the assumed business name: Name ROBIN WELLMAN PO | entity or individual(s) doing Complete Address FOX 170186 20156, TD 83716 |
| 3. The general type of business transacted under the Retail Trade Transportation and Put Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: | Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson |
| 1371 W ARMAND St. KUNA TD 83634 5. Name and address for this acknowledgment | Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): |
| COpy is (if other than # 4 above): | Secretary of State use only |
| Signature: Solva Collman Printed Name: HOBIN WELLINGN Capacity/Title: DWNER (see instruction # 8 on back of form) | IDAHO SECRETARY OF STATE 98/93/2005 95:00 CK: 2096 CT: 150010 BH: 824775 18 25.00 = 25.00 ASSUM NAME # 2 |

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