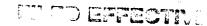


## CERTIFICATE OF ASSUMED BUSINESS NAME



1)67303

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

one AUG 25 MM 9: 30

Please type or print legibly.

NOTE: See instructions on reverse before filing.

MATE

The assumed business name which the u business is:  Everlink	ndersigned use(s) in the transaction of  Web Solutions
The true name(s) and business address(e business under the assumed business na Name     Nathan Lilya	es) of the entity or individual(s) doing me: Complete Address 1811 Keystone Ct. #30 Post Falls, ID 83854
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  The name and address to which future correspondence should be addressed:  Nathan Lilya  1811 Keystone Ct. #30	Submit Certificate of Assumed Business
Post Falls, ID \$3854  5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent Phone number (optional):
Signature:  (signature required)  Printed Name:  Nathan C. Lilya  Capacity/Title:  (see instruction # 8 on back of form)	Secretary of State use only  99 Tugs Secretary of State use only  IDAHO SECRETARY OF STATE  DAY 25/203 ほうません  CK: 3762 CT: 158010 BH: 698124  1 9 25.00 = 25.00 ASSUM NAME # 2