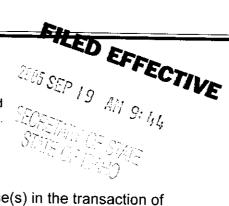


## CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.



TRIPO	WER STUDIOS
The true name(s) and business addre business under the assumed business     Name     GEMS, LLC	ss(es) of the entity or individual(s) doing s name: Complete Address STEVEN J WRIGHT
(W 37 615)	477 SHOUP AVE STE 109
	IDAHO FALLS, ID 83402
Wholesale Trade Construct Services Agricultu Manufacturing Mining Finance, Insurance, and Real Es  4. The name and address to which future correspondence should be addressed:  STEVEN J WRIGHT  477 SHOUP AVE STE 109 IDAHO FALLS, ID 83402	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State
5. Name and address for this acknowled copy is (if other than #4 above).	igment Phone number (optional):
	Secretary of State use only
rinted Name:	Spd upgrammer   Spd upgramme

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