



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.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

SHOCKWAVE

- 2 The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name
SHOCKWAVE NAIL SYSTEMS, INC.

Complete Address
2625 LAKEHAZEL
MERIDIAN, ID 83642

3. The general type of business transacted under the assumed business name is:

- ☐ Retail Trade ☐ Transportation and Public Utilities
☐ Wholesale Trade ☐ Construction
☐ Services ☐ Agriculture
☒ Manufacturing ☐ Mining
☐ Finance, Insurance, and Real Estate

4. The name and address to which future correspondence should be addressed:

SHOCKWAVE
2625 LAKEHAZEL
MERIDIAN, ID 83642

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):

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

Secretary of State use only

Signature: Andrew Campbell

Printed Name: SHOCKWAVE

Capacity/Title: OWNER

(see instruction # 8 on back of form)

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IDAHO SECRETARY OF STATE
04/01/2005 05:00
CK: 1022 CT: 150010 BH: 002231
1 @ 25.00 = 25.00 ASSUM NAME # 2

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