

CERTIFICATE OF FILED EFFECTIVE

| | LICED ELLECTIVE |
|--|---|
| ASSUMED BUSINESS Neurona Pursuant to Section 53-504, Idaho Code, the company of the filling a certificate of Assumed Business Please type or paid to the company of the com | Indersigned |
| Please type or print legibly. | STATE UP TOAHU |
| NOTE: See instructions on reverse before f | iling. |
| The assumed business name which the unders business is: | igned use(s) in the tran ction |
| 2 That | uavit Group |
| The true name(s) and business address(es) of t business under the assumed business name: Name | he entity or individual(s) doing |
| Alignina Waters Inc. 2 C126166 S | complete Address 19 celar St Ste A andpoint TO 2580 |
| 3. The general type of business transacted under th | 4340 4 |
| Wholesale Trade Construction | Public Utilities |
| ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business |
| The name and address to which future correspondence should be addressed: | Name and \$25.00 fee to: Secretary of State |
| 219 cedar Sh She A | 700 West Jefferson Basement West PO Box 83720 |
| - 10 83764 | Boise ID 83720-0080 208 334-2301 |
| Name and address for this acknowledgment copy is (if other than # 4 above). | Phone number (optional): |
| Mount fan West Bank | 504-562-8660 |
| Sandpoint II, 83364 | Secretary of State use only |
| Signature: (signaturequired) | |
| Printed Name: wen Marcas | |
| Signature: Wew Marcas Printed Name: Wew Marcas Capacity/Title: PCS: Let | IDAHO SECRETARY OF STATE 11/26/2004 05:00 CKI 4120 CT 12314 05:00 |

(see instruction # 8 on back of form)

11/26/2004 05:00 CK: 4120 CT: 172194 BH: 778594 1 8 25.80 25.00 ASSUM NAME : 2