

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. -07 SEP -4 AM 8: 37

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the ubusiness is: 2. The true name(s) and business address(ebusiness under the assumed business name Name Name	ng Sallutions
3. The general type of business transacted under the services and services. Manufacturing Mining Finance, Insurance, and Real Estate 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 Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
Signature Au Municipal Signature (Signature Office) Printed Name: State of Manus Capacity/Title: Mule (See instruction # 8 on back of form)	Secretary of State use only CONTROL CONTR