## FILED EFFECTIVE



Capacity/Titie;

9/21/2012

## CERTIFICATE OF ASSUMED BUSINESS NAME

2012 NOV 29 PM 12: 05

SECRETARY OF STATE STATE OF IDAHO

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

Please type or print legibly.
Instructions are included on back of application.

2. The true name(s) and business ac	ddress(es) of the entity or individual(s) doing
business under the assumed busi	ness name:
Name Preston Walker	Complete Address
1 100m/1 VVCIRGE	1070 Riverwalk Dr., Suite #200, Idaho Falls, ID 834
<del></del>	sacted under the assumed business name is:
	sportation and Public Utilities
	struction
<u> </u>	culture
Manufacturing	Y Letimod Rusiness I
Finance, Insurance, and Res	ASSUMED Business  Name and \$25,00 fee to:
4. The name and address to which fu	Trains and \$20,00 too to.
<ul> <li>The name and address to which it correspondence should be addres</li> </ul>	Secretary of State
Preston Walker	300 (10)(11)411 04 061
	PO Box 83720 Bolse ID 83720-0080
2724 Rollandet	208 334-2301
Idaho Falls, ID 83402	
<ol><li>Name and address for this acknow</li></ol>	/ledgment
CODY IS (frother than #4 above);	
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	Baselon of Bloke
natura:	Secretary of State use only
nature: Program Wellion	<del></del>
ted Name: Preston Walker	<b>─</b> ∤
pacity/Title: Owner	
nature:	
nted Name:	
	I

IDAHD SECRETARY OF STATE
11/29/2012 05:00
CK: 1208884 CT: 172099 BH: 1349290
1 8 25.00 = 25.00 ASSUM NAME # 2

D159486