

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2015 JUN 15 AM 9: 48

SECRETARY OF STATE STATE OF IDAHO

D 179744

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

2. The true name(s) and business addre	ess(es) of the entity or individual(s) doing
business under the assumed business Name	
Microchips, LLC W(3Z-783	265 Ash St. N., Twin Falls, ID 83301
Retail Trade Transpor Wholesale Trade Construct	
Services Agricultu Manufacturing Mining Finance, Insurance, and Real E	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed Microchips, LLC 265 Ash St. N. 	### 450 North 4th Street PO Box 83720 Boise ID 83720-0080
Twin Falls, ID 63301	208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment
Signature: This Meli-	Secretary of State use only
Printed Name: Christopher Melni	IDAHO SECRETARY OF STATE
Capacity/Title: LLC Member - Microchips, LLC Signature:	O6/15/2015 05:00

abn.pmd Rev. 07/2010

Printed Name:

Capacity/Title: