CERTIFICATE OF ASSUMED BUSINESS NAME

SECRE PARY OF STATE STATE OF IDAHO

100CT 20 AM 8: 38

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.	
1. The assumed business name which the undersigne business is:	d use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name ()ncorKed LLC (W97047)	entity or individual(s) doing Complete Address Devey Idaho 83823
3. The general type of business transacted under the Retail Trade Transportation and Pull Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: 5570 Hwy 8 Deary Tolaho 83823	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
Signature: Lung M. Miller Printed Name: Teremy M. Ritter	Secretary of State use only
Capacity/Title: Chaper	IDAHO SECRETARY OF STATE
Signature: Printed Name:	10/20/2010 05:00 CK: 2273 CT: 158010 BH: 1243795 1 0 25.00 = 25.00 ASSUM NAME 1 2
Capacity/Title:	N 111
	D 142915

abn.pmd Rev. 07/2010