Signature:

Printed Name:

Capacity/Title:

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 JUL 27 AM 9: 20

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which business is: PARCHED EARTH	the undersigned use(s) in the transaction of
	ress(es) of the entity or individual(s) doing ess name: Complete Address
3. The general type of business transa	cted under the assumed business name is:
E HOW III	Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street
5. Name and address for this acknow copy is (if other than # 4 above):	rledgment
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	Secretary of State use only
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IDAHO SECRETARY OF STATE

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CK: 834 CT: 158818 BH: 1188444

8 25.86 = 25.88 ASSUM NAME #

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