## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDA Pursuant to Section 53-504, Idaho Code, gives notice of adoption of an Assumed B	the undersigned usiness Name.
<ol> <li>The assumed business name which the under business is:</li> </ol>	ersigned use(s) in the transaction of
Impact Technologies	
<ol><li>The true name(s) and business address(es) business under the assumed business name</li></ol>	e is/are:
Bobbi Fuller + Brian fuller 3	Complete Address  1110 Carrity Blvd. Swite. 11, Box 49 Nouga, 10 83687
4	In the recurred business name is:
<ol> <li>The general type of business transacted und (mark only those that apply)</li> </ol>	er the assumed business hame is.
□ Retail Trade □ Manufacturing   □ Wholesale Trade □ Agriculture   ☑ Services □ Construction	☐ Transportation and Public Utilities ☐ Finance, Insurance, and Real Estate ☐ Mining
<ol> <li>The name and address to which future Ph correspondence should be addressed:</li> </ol>	none number (optional): (208) 465-3646
Impact Technologies  3116 Carrity Blvd. Suite 11, Box49	Submit Certificate of Assumed Business Name and <b>\$20.00</b> fee to:
Nampa, 1D 83687	Secretary of State 700 West Jefferson
<ol> <li>Name and address for this acknowledgment copy is (if other than # 4 above):</li> </ol>	
· .	Secretary of State use only IDAHO SECRETARY OF STATE
Signature: fokki@fuller	11/25/1997 09:00 CX: 1085 CT: 90386 8H: 58361 1 8 20.00 = 20.00 ASSUM NAME
Printed Name: Bobbi Fuller	990 upplom D 11033
Capacity: Owner/Dievator	D 10033

(see instruction # 8 on back of form)