

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

06 FEB -2 PM 12: 01

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is: Ventures IN profit consulture	1
2. The true name(s) and <u>business</u> address(es) of the endusiness under the assumed business name: Name 13348 U	ntity or individual(s) doing Complete Address Row ICR, Dr. Bolse, 3d 83 712
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Soist Soi	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional): 939-2088
	Secretary of State use only
Signature: Sphil Sandy (signature required) Printed Name: ROBN SANDO Capacity/Title: OWNEY / Super Super (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE @2/@2/2006