S

Signature:

Capacity/Title: ___

Capacity/Title/_OVVV

Printed Name: Way



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.

11 APR - 1 PM 12: 33

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

STATE OF IDAHO

1. The assumed business name which the under business is: ———————————————————————————————————	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name OPKIG FOWARDS, INC (C157782)	` ' -
The general type of business transacted under Retail Trade Transportation at Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
I. The name and address to which future correspondence should be addressed: Same as Marc	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
i. Name and address for this acknowledgment copy is (if other than # 4 above):	
ted Name: CVALA Ed IN CLAS	Secretary of State use only

IDAHO SECRETARY OF STATE

04/01/2011 05:00

CK: CASH CT: 257276 BH: 1267259

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