



CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

FILED EFFECTIVE
05 DEC -8
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

OX-GEN FLEXIBLE LIFE SYSTEMS

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

OX-GEN, INC.

C150397

Complete Address

P.O. Box 5867, Boise, ID 83705

877 W. Main Street, Suite 607, Boise, ID 83702

(208) 336-0773

3. The general type of business transacted under the assumed business name is:

- Retail Trade
- Wholesale Trade
- Services
- Manufacturing
- Finance, Insurance, and Real Estate
- Transportation and Public Utilities
- Construction
- Agriculture
- Mining

4. The name and address to which future correspondence should be addressed:

Frank Fosella, Jr.

P.O. Box 5867

Boise, ID 83705

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

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Mark J. Michaud, Esq.

P.O. Box 5867

Boise, ID 83705

Phone number (optional):

(208) 336-0773

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

Frank Fosella, Jr.

Capacity/Title: _____

Chairman/President

(see instruction # 8 on back of form)

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Revised 04/2003

IDAHO SECRETARY OF STATE
12/08/2005 05:00
CK: 3875 CT: 194828 BH: 925890
1 @ 25.00 = 25.00 ASSUM NAME # 2

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