

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED FFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

1 Pe	oint Repair
2. The true name(s) and <u>business</u> address(s) business under the assumed business name Name The Mouse Pad, Inc (0.191517)	es) of the entity or individual(s) doing ame: <u>Complete Address</u> 606 N. Division Street, Pinehurst, ID 83850
3. The general type of business transacted Retail Trade Transportati Wholesale Trade Construction	ion and Public Utilities
✓ Services✓ Agriculture✓ Manufacturing✓ Mining✓ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed: The Mouse Pad, Inc 	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
606 N. Division Street Pinehurst, ID 83850	208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
- Dich Wall -	Secretary of State use only
Inted Name: Rick/Fuller	-
apacity/Title: President gnature:	IDAHO SECRETARY OF STATE 06/24/2011 05:00 CK: 2582 CT: 176556 BH: 1279875 1 P 25.00 = 25.00 ASSUN NAME # 4
inted Name:	
apacity/Title:	2 11 (2 (2)

D148527