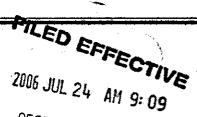


CERTIFICATE OF ASSUMED BUSINESS NAME

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.



D101987

SECRETARY OF STATE STATE OF IDAHO

| The true name(s) and business address(es) or business under the assumed business name: Name | f the entity or individual(s) doing |
|--|--|
| Tallion of the second s | Complete Address |
| Valarie P, Erekson | 146 E. Chubbuck Road, Suite B |
| | Chubbuck, ID 83202-1877 |
| 3. The general type of business transacted unde | |
| ✓ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| The name and address to which future correspondence should be addressed: Valarie P. Erekson | Secretary of State 700 West Jefferson Basement West PO Box 83720 |
| 146 E. Chubbuck Road, Suite B | Boise ID 83720-0080 |
| Chubbuck, ID 83202-1877 | 208 334-2301 |
| 5. Name and address for this acknowledgment copy is (if other than #4 above): | Phone number (optional): 208-757-1877 |
| | Secretary of State use only |
| nature: <u>Valarii G. Gelson</u> ited Name: <u>Valarie P. Erekson</u> | IDAHO SECRETARY OF STATE |
| pacity/Title: Owner | 8 07/24/2006 05:0 8 CX: 458 CT: 158918 BH: 9662 1 0 25:00 = 25:00 ASSUN NAME |