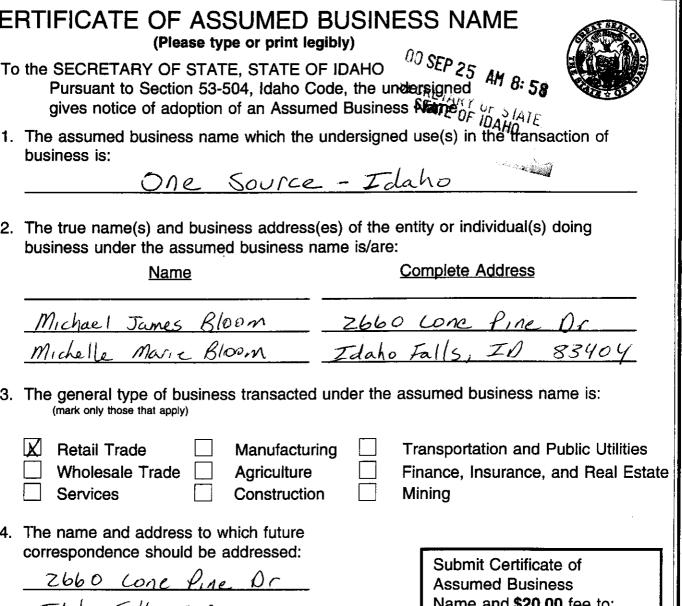
business is:

## CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly)

00 SEP 25 AM 8: 58 To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Ware of IDAHO



One Source - Idaho

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

Michael James Bloom 2660 Lone Pine Dr Michelle Maric Bloom Idaho Falls 3. The general type of business transacted under the assumed business name is: (mark only those that apply) Retail Trade Manufacturing Wholesale Trade Agriculture Services Construction 4. The name and address to which future correspondence should be addressed: 2660 cone Pine Dr Idaho Falls, ID 83404 5. Name and address for this acknowledgment COPY is (if other than # 4 above):

Name

Submit Certificate of Assumed Business Name and \$20.00 fee to:

Minina

Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301

CK: 1957 CT: 136413 BH: 35848

1 0 20.00 = 20.00 ASSUM NAME # 2

D39205

Signature: MBloom Printed Name: MIKe Bloom

Capacity:

(see instruction # 8 on back of form)