



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

NOV -6 AM 8:23

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE
STATE OF IDAHO

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

DNN Solution Pro

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

Name

Complete Address

David Ewing

3478 N. Tylerson Ave, Boise, ID, 83713

Dawn Ewing

3478 N. Tylerson Ave, Boise, ID, 83713

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

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

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

David Ewing

3478 N. Tylerson Ave

Boise, ID, 83713

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

(208) 334-2301

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

Secretary of State use only

Signature: _____

(signature required)

Printed Name: _____

David Ewing

Capacity/Title: _____

Owner

(see instruction # 8 on back of form)

g:\corp\form\main form\idaho.p65
Revised 04/2003

IDAHO SECRETARY OF STATE
11/06/2007 05:00
CK: 6523 CT: 142613 BH: 1084063
1 @ 25.00 = 25.00 ASSUM NAME # 2

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