FILED EFFECTIVE

3

CERTIFICATE OF ASSUMED BUSINESS N Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Busin Please type or print legibly. NOTE: See instructions on reverse before	iness Name. SECRETARY OF STATE STATE OF IDAHO
1. The assumed business name which the under business is: Dagonfly	
2. The true name(s) and business address(es) of business under the assumed business name: Name Rebecca Goehring	of the entity or individual(s) doing Complete Address 2725 N. Five Mile #4 Boise, ID 83713
 3. The general type of business transacted under a Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Rebecca Goehring 2725 N. Five Mile #4 Boise, ID 83713 	er the assumed business name is: and Public Utilities 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 acknowledgmen copy is (if other than #4 above): Same Signature: Address for this acknowledgmen Signature: Same Mignature: Manual Mignature Mignature required) Printed Name: <u>ALBECCA COE HIR INC</u> Capacity/Title: <u>OWNER</u> (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 99/20/2007 05 : 0 CK: 6921 CT: 156010 BH: 10766 1 0 25.00 = 25.00 ASSUM MANE D115236