CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRETARY OF STATE STATE CF IDAHO

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

1. The assumed business name which the undersign business is: Online Accounting	ned use(s) in the transaction of
The true name(s) and business address(es) of the business under the assumed business name: Name	e entity or individual(s) doing Complete Address Box 813, Eagl, 115836
3. The general type of business transacted under the Retail Trade Transportation and Poly Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson
Eagle, 10 83616 5. Name and address for this acknowledgment	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 Phone number (optional):
COPY is (if other than # 4 above):	Secretary of State use only OD ID NO
Signature: Manay L. Carriere Capacity/Title: CCO	IDAHO SECRETARY OF STATE 01/09/2004 05=00 CK: 15001 CT: 175622 BH: 720972 1 0 25.00 = 25.00 ASSUM NAME # 2