CERTIFICATE OF ASSUMED BUSINESS NAME

() JUL -8 AN 8:52

FILED EFFECTIVE

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.

Capacity/Title: Vice Presiden

(see instruction # 8 on back of form)

SECENT OF STATE

| NOTE: See instructions of fever se | transaction of |
|---|---|
| The assumed business name which the undersigned to the undersigne | ed use(s) in the transaction |
| business is: | : dividual(s) doing |
| 2. The true name(s) and business address(es) of the business under the assumed business name: Name Cemanagement Croup Inc. 2155 | Complete Address Centuries Pl. Boise Id 8370 9 |
| 3. The general type of business transacted under the | ne assumed business name is: Public Utilities |
| Wholesale Trade Wholesale Trade Services Manufacturing 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 Basement West PO Box 83720 Boise ID 83720-0080 |
| 2159 Centurion PI. Boise ID 8370 9 5. Name and address for this acknowledgment copy is (if other than # 4 above): | 208 334-2301 Phone number (optional): (208) 375-7419 |
| | Secretary of State use only |
| Signature: | IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE 97/98/2995 95:99 CK: 2442 CT: 176747 BH: 62006 |

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