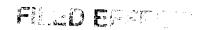


Capacity/Title: () where

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME



IDAHO SECRETARY OF STATE 01/25/2007 05:00 CK: 1034225 CT: 172099 RH: 1028632 1 0 25.00 = 25.00 ASSUM NAME # 2

Pursuant to Section 53-504, Idaho Code, the undersigned

Please type or print legibly. NOTE: See instructions on reverse before filing.

| NOTE: See instructions on reverse before filing | • SECT - 1 |
|---|---|
| The assumed business name which the undersigned business is: ROB HANDGMAN Service | · · |
| 2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Lobert Survett 2. The general type of business transacted under the | Complete Address 148 Cumberland Dr 2150 Id 83704 |
| 3. The general type of business transacted under the Retail Trade Transportation and Putholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future | |
| correspondence should be addressed: 1248 Cumber land Pr. 13015e 1d, 8370H 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 |
| Signature: Robert W. Survet T Printed Name: Robert W. Survet T | IDAHO SECRETARY OF STATE |