CERTIFICATE OF ASSUMED BUSINESS NAME To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of

ac	option of an Assumed Business Name.	
1.	business is:	dersigned use(s) in the transaction of
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: Appendix Address Address	
		1) AMPX ID. 83651
3.	The general type of business transacted under the assumed business name is: ##9 See categories on the reverse	
4.	The name and address to which correspondence should be addressed: ARON NEXON 903 IKH. XVES. SUTKETT2 NAPA ID. 8365/ Signed ARON NEXON By ARON NEXON Capacity OWNER / PREST DENA	
	Submit Certificate of Assumed Business Name and \$20.00 fee to: Secretary of State 700 West Jefferson PO Box 83720	Customer # Secretary of State use only IDAHO SECRETARY OF STATE DATE 02/19/1997 0900 65478 2

Boise ID 83720-0080

CK #: 65471392 CUST# 76797 ASSUM NAME 18 20.00= 20.00