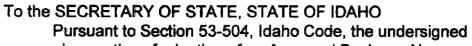
CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)



(see instruction # 8 on back of form)



gives notice of adoption of an Assu	umed Business Name.
1. The assumed business name which the business is: \[\begin{align*} \begin{align*} \text{ACCESS} & \text{GRA} \end{align*} \]	ne undersigned use(s) in the transaction of
The true name(s) and business address business under the assumed business	ss(es) of the entity or individual(s) doing
<u>Name</u>	Complete Address
Henry Silva Epic Reich	1114 Sweetwood Cir. Nampa, ID 8365
The general type of business transacte (mark only those that apply)	i
☐ Retail Trade ☐ Manuface ☐ Wholesale Trade ☐ Agricultu ☒ Services ☐ Construc	re
4. The name and address to which future correspondence should be addressed:	:
1114 Sweetwood Circle	Trainio anta 420100 to.
Nampa, ID 83651 5. Name and address for this acknowledge copy is (if other than # 4 above):	700 West Jefferson
	Secretary of State use only IBAHO SECRETARY OF STATE
nature:	IBAHO SECRETARY OF STATE \\ 12/23/1998 @9:00 CK: 5005 CT: 100563 BH: 172889
nted Name: Henry Silva	1 8 20.80 = 20.00 ASSUM NAME # 2
pacity: Owner	- Da1254