Capacity/Title: Swan

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

03 NOV 14 PH 2: 09

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| INA-SCENT | |
|---|--|
| 2. The true name(s) and business address(es) business under the assumed business name Name DEDNUIZE REVANT | cof the entity or individual(s) doing e: Complete Address 4200 BOZEAL CT. |
| 3. The general type of business transacted un | der the assumed business name is: |
| | and Public Utilities |
| Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | Submit Certificate of Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: DE ONORE PIZIANT 4200 BORESL CT. NAMPA, ID 33087 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgme copy is (if other than # 4 above): SAME A = # 4 | Phone number (optional): 208 440.2127 |
| SAMEAST | Secretary of State use only |
| gnature: (signifiture required) | mistabn formstabn p65 vised 04/2003 |

IDAHO SECRETARY OF STATE

11/14/2003 05:00

CK: CASH CT: 156010 BH: 711770

1 0 25.00 = 25.00 ASSUM NAME # 2