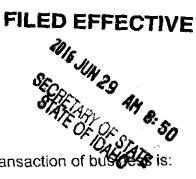


CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:



	Filing ree: \$25.00).		COFORST. SO
1.	The assumed business nam	e which the undersigned	d use(s) in the transact	-2//-/21%
	Paperclips			
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
	The Printer Shoppe, LLC	647 Blue Lakes Blvd Ì	N, Twin Fails, Idaho 83	301
	(Nante)	(Address)	W112	701
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
3.	The general type of business transacted under the assumed business name is:			
	Retail TradeWholesale TradeServices	ConstructionAgricultureManufacturing	Mining	n and Public Utilities grance, and Real Estate
4.	Mailing address for future co	orrespondence:	5. Name and address copy is (if other than #4):	for this acknowledgment
	Cartridge World (Paperclips)		Cartridge World (Paperclips)	
	(Name) 647 Blue Lakes Blvd N		Name, 647 Blue Lakes Blvd N	
	(Address)	aho 83301	(Address) Twin Falls	ldaho 83301
	1 11111 1 21112	itate) (?ipccde)	(City)	(State) (Zipcode)
Ρι	inted Name: Nichola	s Fort	Secretary	of State use only
Printed Name: Nicholas Fort Signature:			IDAHO SECRETARY OF STATE 06/29/2016 05:00	
Printed Name:				:326260 BH:1535554 25.00 ASSUM NAME #2
S	ignature:		\sim .	
Printed Name:			D18	7607

Rev. 08/2015