

(Handwritten initials)



Trade Name Registration Form

Pursuant to the provisions of the Code of Laws for the District of Columbia and the OMNIBUS REGULATORY REFORM ACT OF 1998, the undersigned company, partnership or individual hereby applies for a Certificate of Trade Name and for that purpose submits the following statement:

1. FULL LEGAL NAME OF ENTITY OR INDIVIDUAL USING THE TRADENAME:
ELENAIDA LECAM

2. PROPOSED TRADENAME: FLOW FUNDING
Review instruction sheet prior to completing this item.

3. TYPE OF ENTITY:
 Sole Proprietor Corporation Limited Liability Company
 Limited Liability Partnership Limited Partnership General Partnership

4. FEIN NUMBER:
22-0823-846
Review instruction sheet prior to completing this item.

5. FULL LEGAL NAME OF PERSON SUBMITTING THIS FORM:
ELENAIDA LECAM

6. COMPLETE BUSINESS ADDRESS: THE SIBS PROJECT
2110 SOUTH BASCOM AVENUE, SUITE 201
CAMPBELL, CA 95008
Review instruction sheet prior to completing this item.

~~Questions 7 & 8 intended only for corporations, partnerships and limited liability companies.~~
~~Question 8 intended only for sole-proprietors located outside the District of Columbia~~

7. NAME AND HOME ADDRESS OF ONE OFFICER/DIRECTOR/MANAGER/PARTNER:
Name LUCY GAINE
Title PRESIDENT
Address 1178 COPPIN PEAK LANE, SAN JOSE, CA 95120

8. NAME AND ADDRESS OF REGISTERED AGENT:
Name ELENAIDA LECAM
Company THE SIBS PROJECT
Address 6600 5th St NW, DC 20012

I certify that the information in this TRADE NAME REGISTRATION APPLICATION in the District of Columbia is true:

Signature of Business Owner *Eleanora LeCam* 4/28/08

Business Telephone Number 202-541-7898

For Office Use Only
Registration Number _____