

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC -7 PM 2: 18

LURETARY OF STAIL

STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

	The assumed business name which the unbusiness is: CL122011,	, a partnersh	• •
2.	The true name(s) and <u>business</u> address(esbusiness under the assumed business name Name Jeff Agenbroad		
3.	The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	n and Pub	
4.	The name and address to which future correspondence should be addressed: CL122011, a partnership 3615 Portland Ave. Nampa, ID 83686		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than #4 above):	nt	
Signa	ture: Top liquipme		Secretary of State use only
Printe	ed Name: Jeff Agenbroad		
Capa	city/Title:_Managing Partner		
Signature:			IDAHO SECRETARY OF STATE 12/07/2011 05:00
Printe	Printed Name:		CK: 1923 CT: 264772 BH: 1399752 1 @ 25.00 = 25.00 ASSUM MANE # 2
Capa	city/Title:		