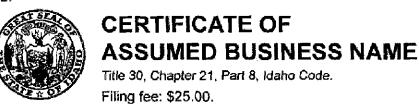
227

Signature:\_



## FILED EFFECTIVE

2017 AUG -3 PM 12: 56

SECRETARY OF STATE

1.	The assumed business nam Number Mask	e which the undersig	ned	use(s) in the	transaction of business	is:
2.		names and business address(es) of those doing business under e (do <u>not</u> include the name you listed in #1): 409 E Greenhurst Rd Nampa, ID 83686				
	(Name) C 2(4213	(Address)				
	(Nama)	(Address)	-	***		<del></del>
	(Name)	(Address)				***************************************
	(Name)	(Address)			- Annual Line	
	The general type of busines:  Retail Trade Wholesale Trade Services  Mailing address for future co	Construction Agriculture Manufacturing		☐ Tran ☐ Mini ☐ Fina	sportation and Public Uting nce, Insurance, and Rea address for this acknowle	l Estate
	(Name)			(Name)		
	(Address) Nampa ID 836 (City) (Sta			(Address)	(Stale)	(Zipcade)
Pri	Printed Name: Dan Gianuzzi			Secretary of State use only		
Signature:  Printed Name:  Signature:  Printed Name:				IDAHO SECRETARY OF STATE  08/03/2017 05:00  CK:14193436 CT:172099 BH:1596680  10 25:00 = 25:00 ASSUM NAME #6		
					UI WOO!	

Rev. 08/2015