

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2017 SEP 29 AM 9: 45

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

Filing fee: \$25.00.

Signature:

SECRETARY OF STATE

| 1. The assumed business name which the undersigned use(s) in the transaction of business is: | | | |
|--|--|---|--|
| | | | |
| | | 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 year lists to all the second states). | |
| And Total Mind Tile | trame you listed in #1): | | |
| (Name) Jumier 323 | E. Zalst. Repert 1) 87756 | | |
| | | | |
| (Name) (Address) | | | |
| (Name) (Address) | | | |
| , | | | |
| (Name) (Address) | | | |
| 3. The general type of business transacted under | the account to | | |
| Retail Trade Construction | | | |
| Wholesale Trade Agriculture | I I DOUND DANNIN SOO DUBLA HARAS | | |
| Services Manufacturi | | | |
| | modifice, and Real Estate | | |
| Mailing address for future correspondence: | 5. Name and address for this patients | | |
| C 1 _ | Name and address for this acknowledgment copy is (if other than #4): | | |
| Name) Rumire 2 | | | |
| 323 E. 2nd St. | (Name) | | |
| (Address) | (Address) | | |
| (City) S3350 (State) (Zipcode) | (City) (State) | | |
| | (State) (Zipcode) | | |
| Signature: South form | Sourceton, of Olyce | | |
| Signature: | Secretary of State use only | | |
| Printed Name: | 1DAMO SECRETARY OF STATE 09/29/2017 05:00 | | |
| | CK:CASH CT:158010 BH:1605053 | | |
| Signature: | 10 25.00 = 25.00 ASSUM NAME #2 | | |
| Printed Name: | N19740S | | |