SCI

FILED EFFECTIVE



Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 AUG 22 AM 9: 42

SECRETARY OF STATE STATE OF IDAHO

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

1. The	e assumed business name which the und siness is:	idersigned use(s) in the transaction of	
11	NS Distribution		
bu	ne true name(s) and <u>business</u> address(esusiness under the assumed business name Name MONCO, LLC W 139 095	s) of the entity or individual(s) doing me: <u>Complete Address</u> 3525 Dairy Lane Idaho Falls, ID 83404	
	Retail Trade Transportation Wholesale Trade Construction	Vholesale Trade Construction	
[[☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25,00 fee to:	
C	he name and address to which future orrespondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080	
3	5525 Dairy Lane	208 334-2301	
K	daho Falis, ID 83404		
	lame and address for this acknowledgme opy is (frother than # 4 above):	ent	
_		Secretary of State use only	
Signature: Jan Maushaa		0173322	
	Name: Jon Maughan ity/Title: Member	IDAHO SECRETARY OF STATE	
Signature:		- 08/22/2014 05:00 - CK:2159674 CT:172099 BH:14384	
Printed Name:		16 25.00 = 25.00 ASSUM NAME #	
		-	