

FILED EFFECTIVE CERTIFICATE OF ASSUMED BUSINESS NAME

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

2011 AUG 22 AM 9: 56

SECRETARY OF STATE STATE OF IDAHO

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

The true name(s) and <u>business</u> address(ebusiness under the assumed business name Name THE CONNECTION LLC	me: <u>Complete Address</u>
WALC	PO BOX 328 NEW MEADOWS ID 83654
The general type of business transacted Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estat	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: THE CONNECTION LLC PO BOX 328 NEW MEADOWS ID 83654	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Name and address for this acknowledgm copy is (if other than # 4 above):	ent
ture Jule Oxovo	Secretary of State use only
d Name: JULIE GOOD	
d Name: JULIE GOOD () city/Title: MANAGER	
ture:	•
d Name:	IDAHO SECRETARY OF STATE

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