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CERTIFICATE OF CONTROL OF CONT

Instructions are included on back of application.

	Basinger, CPA			
2.	The true name(s) and <u>business</u> address(es business under the assumed business name Name Basinger Accounting & Financial Services, LLC (W 105496)	ne:	entity or individual(s) doing <u>Complete Address</u> d W, Rexburg, ID 83440	
3.	The general type of business transacted uses a Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	nder the assumed business name is: a and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:		
4.	The name and address to which future correspondence should be addressed: Basinger, CPA 309 N 2nd W Rexburg, ID 83440		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgmer copy is (if other than # 4 above):	nt	· · · · · · · · · · · · · · · · · · ·	
Siona	ture: BB		Secretary of State use only	
-	d Name: Brian Basinger			
Capa	city/Title: Owner			
Signa	ture:		TRANS CERPETARY OF STATE	
'rinte	rinted Name:		IDAHO SECRETARY OF STATE 97/15/2013 05:00 CK: 1982 CT: 285287 BH: 1381960	
Capac	apacity/Title:		1 @ 25.00 = 25.00 ASSUM NAME # 2	