Capacity/Title:_

CERTIFICATE OF ASSUMED BUSINESS NAME

12 MAY -9 PH 2: 41

ILLD EFFECTIVE

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

1. The assumed business name which the business is: 6 ause Fins	
2. The true name(s) and <u>business</u> address business under the assumed business Name Charles M Gause	name: Complete Address
3. The general type of business transacte Retail Trade Transport Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Es	ation and Public Utilities tion re Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Charles M Gause 1643 Sunset Rd Athol., 10, 83801	Jecherary or State
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
	Socretary of State use only
Signature: <u>[MMMM M/ MMMM</u> Printed Name: <u>Charles M Gau</u> Capacity/Title: <u>Owner</u> Signature:	
Printed Name:	IDAHO SECRETARY OF STATE

IDAHO SECRETARY OF STATE

05/09/2012 05:00

CK: 989328 CT: 172099 BH: 1323512
1 0 25.00 = 25.00 ASSUM NAME \$ 2

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