

CERTIFICATE OF ASSUMED BUSINESS NAME

2013 DEC 31 AM 8: 48

FILED EFFECTIVE

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

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



Cell Phone Events	
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Micha el Hobbs	s) of the entity or individual(s) doing ne: <u>Complete Address</u> P.O. 1315 Ketchum, ID 83340
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Michael Hobbs P.O. Box 1315 Ketchum, ID 83340	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above).	
gnature: michael Polloll	Secretary of State use only
nted Name: Michael Hobbs	
pacity/Title: Owner	
nature:	IBAHO SECRETARY OF STATE
nted Name:	12/31/2013 05:00 CX: 1149 CT: 228537 BH: 149377
pacity/Title:	1 # 25.88 = 25.88 ASSUM NAME

1) 167837