## CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned

submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

10 OCT -4 PM 1:00

D142586

SECRE BY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

The assumed business name which the undersigned business is:    Select   Deco	ed use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name  HERISA HANDUS  G. KULIN RAND LES	entity or individual(s) doing  Complete Address  4319 Hwy 53  ATH DRum ID 83858
3. The general type of business transacted under the	
Retail Trade Transportation and Positive Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  HANDER PHIDLES  BOX BIT  HANDER ID B3835  5. Name and address for this acknowledgment copy is (if other than #4 above):	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
Signature: MMA Roglic	Secretary of State use only
Printed Name: THURUSH RANDUS	
Capacity/Title: NWNER OPORA 100	
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	CK: 8658 CT: 251771 BH: 1241723 1 @ 25.00 = 25.00 ASSUM NAME #
Capacity/Title:	

abn.pmd Rev. 07/2010