CERTIFICATE OF	FILED EFFECTIVE
ASSUMED BUSINESS N	NAME Ch. JAN 26 AN II: 20
Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Busi	Indersigned REPRETER OF STATE
Please type or print legibly. NOTE: See instructions on reverse before	
 The assumed business name which the unde 	rsigned use(s) in the transaction of
business is: BACKSTREET	
2. The true name(s) and business address(es)	of the entity or individual(s) doing
business under the assumed business name	: Complete Address
Name Jacob Martin	299 Harlan Place, Eagle, Idaho 83616
Jason Martin	3655 E. Victory Road, Meridian, Idaho 83642
Ron Starn	
 Retail Trade Wholesale Trade Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed: Jason Martin 299 Harlan Place Eagle, Idaho 83616 	and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than #4 above): 	ent Phone number (optional):
	Secretary of State use only
Signature: <u>Mentin</u> (signature required) Printed Name: Jason Martin Capacity/Title: Managing Partner	Solution IDAHO SECRETARY OF S IDAHO SECRETARY OF S IDAHO SECRETARY OF S IDAHO SECREARY OF S IDA