CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 JUL -3 AM 10: 32

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SECRETARY OF STATE STATE OF IDAHO

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

The true name(s) and <u>business</u> address(est business under the accument to accument accument to accument to accument accument to accument to accu	s) of the entity or individual(s) doing
business under the assumed business nar Name Vapor, LLC (W126625)	ne: <u>Complete Address</u> 967 E Parkcenter Blvd Ste 311 Boise Idaho 83708
3. The general type of business transacted ur 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: 967 E Parkcenter Blvd Ste 311 Boise ID 83706	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 acknowledgmen copy is (# other than # 4 above):	t
gnature:	Secretary of State use only
nted Name: Lance Churchill, Pres Entity Svcs Inc	
apacity/Title: Manger, Vapor, LLC	
gnature:	

IDAHO SECRETARY OF STATE

07/03/2013 05:00

CK: 1464265 CT: 172099 BH: 1380771
18 25.00 = 25.00 ASSUM MAME # 2

D 164309

Printed Name: ____

Capacity/Title:___