

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

2015 MAY 12 AM 8: 39

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(es business under the assumed business name	• • • • • • • • • • • • • • • • • • • •
<u>Name</u>	Complete Address
Heather Pilkinton	647 Filer Ave Suite 101
	Twin Falls, ID 83301
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Heather Pilkinton	Secretary of State 450 North 4th Street PO Box 83720
647 Filer Ave Suite 101	Boise ID 83720-0080 208 334-2301
Twin Falls, ID 83301	
Name and address for this acknowledgme copy is (if other than # 4 above):	nt

05/12/2015 05:00

CK:22153243871 CT:158010 BH:1475256 10 25.00 = 25.00 ASSUM NAME #2

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abn.pmd Rev. 07/2010

Capacity/Title: Owner

Capacity/Title:

Signature:

Printed Name: _____