

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015.11 2.1

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of	
business is:	
MOON LIGHT CONCLETE	
 The true name(s) and business address(es) of business under the assumed business name: 	
Name	Complete Address
Beion Hymann	3861 SUMMERWIED CN.
	IDANO FACES TO 83406
B. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction	er the assumed business name is:
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: 	Secretary of State 700 West Jefferson Basement West
BRIAN HAMANA	PO Box 83720
3861 Summer wood CN	Boise ID 83720-0080 208 334-2301
IDAHO FACES ID 83406	
5. Name and address for this acknowledgmen	t Phone number (optional):
COPY IS (if other than # 4 above).	680-0494
	Secretary of State use only
nature: Bus Baina (signature required) nted Name: Baina Hamana pacity/Title: Owner (see instruction # 8 on back of form)	ECOCOMO SECRETARY OF STATE 1DAHO SECRETARY OF STATE 97/22/2095 05 = 0

1 @ 25.00 = 25.00 ASSUM NAME # 2

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