

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

11 SEP 19 AM 9: 10

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersigned business is:	
2. The true name(s) and <u>business</u> address(es) of the elements business under the assumed business name: Name Brian Johnson Pol 76	ntity or individual(s) doing <u>Complete Address</u> <u>Pierce, ID. 83546</u>
3. The general type of business transacted under the a Retail Trade Transportation and Pub Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Scian Tohn Son	
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Phone number (optional): Secretary of State use only
Signature: Brian Johnson Capacity/Title: Owner Signature required) Capacity/Title: Owner	IDAHO SECRETARY OF STATE @9/19/2011 @5:00 CK: 50760243821 CT: 158010 BH: 1290917 1 8 25.00 = 25.00 ASSUM NAME # 2

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