

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 R -8 AM 8: 45

Please type or print legibly.

Instructions are included on back of application.

STATE OF DAMO

A2Z Graphics		
The true name(s) and <u>business</u> ad business under the assumed busin Name Stuart Hall	ness name:	Complete Address
Stuart Hall	450 I JOIN	n Adams Parkway, Ammon Idaho 83406
Wholesale Trade Cons	portation and Pul struction	
Services Agric Manufacturing Minin Finance, Insurance, and Rea	9	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The name and address to which fur correspondence should be address A2Z Graphics 4561 John Adams Parkway		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Ammon, Idaho 83406 5. Name and address for this acknow copy is (if other than # 4 above):	vledgment	
7//28		Secretary of State use only
gnature: Stuart Half		IDAHO SECRETARY OF STATE
rinted Name: Stuart Hall		04/08/2015 05:00 CK:3934 CT:308679 BH:146
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abn.pmd Rev. 07/201

Capacity/Title: