

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

FILED EFFECTIVE 05 SEP 14 PM 5: 00

SECRETARY OF STATE STATE OF IDAHO

	Please type or print legibly. NOTE: See instructions on reverse before filing.		STATE OF IDAHO	
	NOTE: See instructions on tover		(a) in the transaction of	
1. The assumed business name which the undersigned use(s) in the transaction of				
1. T	the assumed business riding with Quesiness is:	نامد	hu	
	Siama willing	W~~	1.0 doing	N
thusiness address(es) of the entity of matrices.				
2.	The true name(s) and <u>business</u> duality business under the assumed business name:	C	complete Address	
	Name 2.1		- 464 St.	-
	Jana Nawell - 31	$\frac{1}{10}$	F 46th St.	-
	Wendell Dias	Jardi	in (itu 1D 83714	-
		_	1 1	
3. The general type of business transacted under the assumed business name is: 1. The general type of business transacted under the assumed business name is:				
3. The general type of Business Transportation and Public Utilities				
	Retail Trade Transportation			
	Retail Trade Wholesale Trade Agriculture		Submit Certificate of	
}	Services	1	Assumed Business Name and \$25.00 fee to:	
	Manufacturing Mining Finance, Insurance, and Real Estate	Ì	1	1
	Finance, insurance, unich future		Secretary of State 700 West Jefferson	
1	4. The name and address to which future correspondence should be addressed:		Basement West	₩
1	correspondence structures St.		PO Box 83720 Boise ID 83720-0080	
	310 t- 96 10 83714		208 334-2301	
	Garalle City, 15 Bent			
1			Phone number (optional):	
	5. Name and address for this acknowledgment		353-40d	I
1	copy is (if other than # 4 above).			11
			Secretary of State use only	
\parallel		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	091615	
1		stabn.pf	IDANO SECRETARY OF	STATE
- 11 .	Signature (signature required)	forms\abn forms\a Revised 04/2003	09/15/2003	RH: 911667
1.6	(/ Jana Nankon	orms\at	1 % 25.88 = 25.88 A	SSUM NAME # 2
1	Printed Name: JUNEY	g:\corp\torms\abn forms\abn.p65 Revised 04/2003		
\ \	Capacity/Title: (see instruction # 8 on back of form)	5		
	(300 1100 11	•		