

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 JUL 28 AM 8:21 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

| The true name(s) and business address(es) of business under the assumed business name: | of the entity or individual(s) doing : |
|--|---|
| Name Of Marie | Complete Address 5/55 At las RI |
| UNIA DIVUIL | Cour d'Alene Id |
| | 838/5 |
| ☐ Retail Trade ☐ Transportation a ☐ Wholesale Trade ☐ Construction | and Public Utilities |
| 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: 5/55 Atlas Rd. Oeur d'Alene, Id. 838/5 | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgmen copy is (if other than # 4 above): | Phone number (optional): 208-215-6253 |
| | Secretary of State use only |
| ted Name: DAVID O' Neill pacity/Title: OWNER | IDAHO SECRETARY OF STATE ### ### ### ### #################### |