

INNATE SOLUTTONS

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

	COHICK	217	CEDAR	57.	# 105	SANDPOIN	T. 10 83864
(Name)		(Address)					
(Name)		(Address)					
(Name)		(Address)					······································
(Name)		(Address)					

3. The general type of business transacted under the assumed business name is:

	Retail Trade
	Wholesale Trade
X	Services

Construction Agriculture Manufacturing

Rev. 08/2015

Transportation and Public Utilities Mining

Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

NATHAN COHICK
(Name) 217 CEDAR GT. #105
(Address) <u>SANDPOINT</u> <u>ID</u> 87864 (City) (State) (Zipcode)
Printed Name: NATHAN COHICK
Signature: Machantohon
Printed Name:
Signature:
Printed Name:
Signature:

5. Name and address for this acknowledgment CODY IS (if other than # 4):

(Name)		
(Address)		
(City)	(Slate)	(Zipcode)

Secretary of State use only

IDAHO SECRETARY OF STATE 01/26/2016 05:00 CK:1194 CT:158010 BH:1510520 10 25.00 = 25.00 ASSUM NAME #2

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