

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 APR -1 AM 9: 42

The assumed bus Move208 Realty	iness name which	the undersig	ned use(s) in the	RECEETABLY OF STATE	ss is:	
the assumed bus	iness name (do <u>not</u>	include the nan	ne you listed in #1):	nose doing business un	nder	
Tylor Conley			ıite 200 Meridian	1U 83042		
(Name) Shelley Phillips	,	(Address) 1099 S Wells St Suite 200 Meridian ID 83642				
(Name)	(Address)		nic 200 Mendian			
	. ,					
(Name)	Name) (Address)					
(Name)	(Address)					
Retail Trade Wholesale Trade Services Mailing address for Shelley Phillips/T	ade A	onstruction griculture lanufacturing dence:	☐ Mini Fina 5. Name and copy is (if oth	nce, Insurance, and Re	eal Estate	
(Name) 1099 S Wells St	Suite 200		(Name)			
^(Address) Meridian	ID	83642	(Address)			
(City)	(State)	(Zipcode)	(City)	(State)	(Zipcode)	
Printed Name: Tylor	inted Name: Tylor Conley			Secretary of State use only		
Signature:						
Ob -11 Db :111			IDAHO SECRETARY OF STATE 04/01/2016 05:00			
miled Maine.			1	CK:1127 CT:322654 BH:1521696		
Signature.	my MIL	1	10 25	6.00 = 25.00 ASSUM	NAME #2	
Printed Name:	O V		1	\		
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