

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 MAR 12 AM 9: 16

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

bu	e assumed business name which the un siness is:	dersigne	d use(s) in the transaction of
Different Breed  2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:      Name      Complete Address			
	aycie Lockyer	P.O. Box	193 Arimo, ID 83214
3. The general type of business transacted under the assumed business name is:  Retail Trade Transportation and Public Utilities Wholesale Trade Services Agriculture			olic Utilities
	<ul><li></li></ul>		Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
co Ka	re name and address to which future rrespondence should be addressed: ycie Lockyer O. Box 193		Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080
-	imo, ID 83214		208 334-2301
	nme and address for this acknowledgme py is (if other than # 4 above):	nt	
	Paucha Jacki		Secretary of State use only
Signature: Will Logical advisors and the state of the sta			
	lame Kaycie Lockyer		
Capacity/Title: Owner Signature:			IDAHO SECRETARY OF STATE
Printed Name:			03/12/2014 05:00 CK: 107 CT: 158010 BH: 1414799 1 0 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:			

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