

FILED/EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

(Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

12/12/14 11:26

Pursuant to Section 53-504, Idaho Code, the undersigned
gives notice of adoption of an Assumed Business Name, STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

TRIPLE F ENTERPRISES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name ADAM + WENDY BOWERS Complete Address 809 S. 4th AVE #5, POCA TELLO, ID
83201

3. The general type of business transacted under the assumed business name is:
(mark only those that apply)

<input checked="" type="checkbox"/> Retail Trade	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation and Public Utilities
<input checked="" type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Finance, Insurance, and Real Estate
<input checked="" type="checkbox"/> Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Mining

4. The name and address to which future correspondence should be addressed: Phone number (optional): _____

809 S. 4th AVE #5
Pocatello, ID 83201

Submit Certificate of
Assumed Business
Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Adam Bowers

Printed Name: Adam Bowers

Capacity: President

(see instruction # 8 on back of form)

Secretary of State use only

Revision 12/99

g '03/15/2002 05:00

IDAHO SECRETARY OF STATE
03/14/2002 05:00
CK: 1618 CT: 158010 BH: 452039
1 @ 20.00 = 20.00 ASSUM NAME # 2

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