

Signature:\_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2016 FEB -8 AM 10: 38

			SECRETARY OF STATE
1.	The assumed business name which the undersigned use(s) in the transaction of business is:		
	V2V Management Solutions		
	V2 Vivariagement Solidavits		
2.	The individual and/or entity names and business a	ddr	ress(es) of those doing business under
	the assumed business name (do not include the name		` ,
	Wier Management Solutions 313 D Street, Ste 20	)4, 1	Lewiston, ID 83501
	(Name) (Address)		
	C199618)		
	(Name) (Address)		
	(Name) (Address)		
	(Name) (Address)		
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade Construction		Transportation and Public Utilities
	Wholesale Trade Agriculture		Mining
	Services Manufacturing		Finance, Insurance, and Real Estate
			<u></u>
4.	NA-The and be a few field and a second as a second	_	
	Mailing address for future correspondence:	5.	Name and address for this acknowledgment
	V2V/Management Calutions		COPY IS (if other than #4);
	V2V Management Solutions (Name)		(Name)
	PO Box 434		
	(Address)		(Address)
	Lewiston, ID 83501 (City) (State) (Zipcode)		(City) (State) (Zipcode)
	(2,0000)		(Otate) (Election)
D	inted Name: Michelle Wier		
۲ſ	Inted Name: Wichelle Wiel		Secretary of State use only
Sig	gnature: Lickelle (Vier		IDAHO SECRETARY OF STATE
Dr	inted Name: AA A Lala la		02/08/2016 05:00
FI	inted Name: Michelle Wier		CK:1166 CT:320096 BH:1512790 16 25.00 = 25.00 ASSUM NAME #2
Si	gnature:		
Dr	inted Name:		× 10(1011
Printed Name:			D 184316

Rev, 98/2015