

Capacity/Title:____

Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2015 SEP 29 PM 4: 07

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

SECRETARY OF STATE STATE OF IDAHO

		A ST TOATIO	
1.	The assumed business name which the under business is:	rsigned use(s) in the transaction of	
2.	The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Web Markets; LLC	Complete Address	Boise, ID 83709
3.	The general type of business transacted under Retail Trade Transportation at Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: nd Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: 1550 5. Cloverdala RJ Sta zoi Boise, ID 83709	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgment copy is (if other than # 4 above):		
Printe	ture: The Clare of Name: 18r13 Lloyd city/Title: Owner	Secretary of State use only IDAHO SECRETARY OF ST. 09/29/2015 05:0 CK: 3245384 CT: 172099 BH 16 25.00 = 25.00 ASSUM	D O [:1494316
Signa	ture:		- Commented II file
Printe	ed Name: Stephanic Lloyd	N 181707	

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