

CERTIFICATE OF ASSUMED BUSINESS NAME

2017 SEP 22 AM 9 20

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersign Post Falls Moving	ed use(s) in the transaction of business is:
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1): High Condition of the condition	
	(Name) (Address)	
	(Name) (Address)	
3.	The general type of business transacted under the ☐ Retail Trade ☐ Construction ☐ Wholesale Trade ☐ Agriculture ☐ Services ☐ Manufacturing Mailing address for future correspondence:	assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate Name and address for this acknowledgment
	Alliana Moving Inc (Name) 5071 Building Center Drive (Address) (Cdf) (City) (State) (Zipcode)	COpy is (if other than # 4): (Name) (Address) (City) (State) (Zipcode)
Printed Name: Robert Ostrowski' Signature: Nothand		Secretary of State use only
Siç	gnature: <u>MOThand</u>	
Printed Name:		IDAHO SECRETARY OF STATE 09/22/2017 05:00
Signature:		CK:16596 CT:346004 BH:1604081
Printed Name:		1@ 25.00 = 25.00 ASSUM NAME #2
Signature:		0 197262

Rev. 08/2015