

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

Printed Name:

Signature:

FILED EFFECTIVE

2018 SEP 12 AM 9: 12

SUBOVERLAND		
	And the state of t	
The individual and	Vor entity names and husiness s	address(es) of those doing business under
	iness name (do <u>not</u> include the nam	The state of the s
Grady Bowman	423 Alturas Dr. N T	win Falls, ID 83301
(Name)	(Address)	
Retail Trade Wholesale Tra	= *	☐ Transportation and Public Utilities ☐ Mining
⊠ Services Mailing address for the services Mailing address for the services.	Manufacturing or future correspondence:	 Finance, Insurance, and Real Estate Name and address for this acknowledgment copy is (if other than #4):
Grady Bowman		COPY 13 (II other than #4).
(Name) 423 Alturas Dr. N		(Name)
(Address)		(Address)
Twin Falls (City)	ID 83301 (State) (Zipcode)	(City) (State) (Zipcode)
inted Name: Grady	Bowman	Secretary of State use only
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gnature: Mady Man		IDAHO SECRETARY OF STATE 09/12/2018 05:00
inted Name:		CK:934 CT:332806 BH:1663766
gnature:		16 25.00 = 25.00 ASSUM NAME #3

Rev. 08/2015