

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

2017 MAY -8 AM 9: 36

FILED EFFECTIVE

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

SECKETARY OF STATE STATE OF IDAHO

1. The assumed business name	which the undersign	ned use(s) in the transaction of business is:
the assumed business name	(do <u>not</u> include the name	address(es) of those doing business under e you listed in #1): W. KEMPSHIKE CT. STAR, ID 83669
(Name)	(Address)	<u>8306</u> 1
(Name)	(Address)	
(Name)	(Address)	
3. The general type of businessRetail TradeWholesale TradeServices	transacted under the Construction Agriculture Manufacturing	e assumed business name is: Transportation and Public Utilities Mining Finance, Insurance, and Real Estate
4. Mailing address for future con MICHAL HICKEY (Name) 12450 W (Control of Control of	1PSAIRE CT. 88669	5. Name and address for this acknowledgment copy is (if other than # 4): (Name) (Address) (City) (State) (Zipcode)
Printed Name: MICHAEL HICKEY		Secretary of State use only
Signature: My My	<u>/</u>	IDAHO SECRETARY OF STATE
Printed Name:		05/08/2017 05:00
Signature:		CK:6066 CT:158010 BH:1582909 10 25.00 = 25.00 ASSUM NAME #2
Printed Name:		
Signature:		D194240

Rev. 08/2015