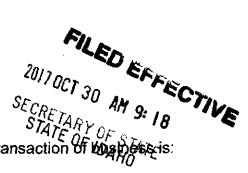


Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.



F Intig Ice. Φ20.00.	STATARY 9:18
1. The assumed business name which the unders	MIF ALUF A
Acreparature for W	·)(/
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
3. The general type of business transacted under Retail Trade Wholesale Trade Services Manufacturin	Transportation and Public Utilities Mining
4. Mailing address for future correspondence:	5. Name and address for this acknowledgment copy is (if other than # 4):
(Name) 13381 W. Acorn St (Address) (City) (State) (Zipcode)	(Name) (Address) (City) (State) (Zipcode)
Printed Name: Donna Flacris	Secretary of State use only
Signature: to	IDAHO SECRETARY OF STATE
Printed Name:	10/30/2017 05:00 CK:CASH CT:158010 BH:1609525
Signature:	1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:	D197996

Rev. 08/2015