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Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

SECRETARY OF STATE

Please type or print legibly. Instructions are included on back of applicat	tion.
The assumed business name which the understand business is: Thompson Cons.	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Andrew J. Thompson	Complete Address 906 Matthew 100P well terville 10
3. The general type of business transacted under t Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: P.O. Box 568 Syne ferville, 14	Name and \$25.00 fee to: 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):	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE 06/10/2016 05:00 CK:1060 CT:325460 BH:153253 10 25.00 = 25.00 ASSUM NAME
Printed Name:	D187164

abn.pmd Rev. 07/2010