

## CERTIFICATE OF ASSUMED BUSINESS NAME

2014 JUN -2 AM 10: 26

FILED EFFECTIVE

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

SECRETARY OF STATE STATE OF IDAHO

## Please type or print legibly. Instructions are included on back of application.

The true name(s) and <u>business</u> address(es business under the assumed business name	ne:
<u>Name</u>	Complete Address
Home Zone LLC	10234 S. Raymond rd McCammon ID 83250
(W89536)	
The general type of business transacted un	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
Services Agriculture	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
The name and address to which future	Socratary of State
correspondence should be addressed:	Secretary of State 450 North 4th Street
Inline Auto	PO Box 83720
4945 Brooke Lane #B	Boise ID 83720-0080
Chubbuck ID 83202	208 334-2301
Name and address for this acknowledgmen	it.
COPY IS (if other than # 4 above):	· <del>·</del>
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	Secretary of State use only
· /- //	Secretary of State use only
ature: ///www.	IDAHO SECRETARY OF STA
ed Name: Roger Morris	06/03/2014 05:0

06/03/2014 05:00

CK:1857 CT:158010 BH:1427380 10.25.00 = 25.00 ASSUM NAME #2

D 171674

Capacity/Title: Member

Capacity/Title:

Signature: \_\_\_\_\_

Printed Name: