

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 MAR 27 AM 11: 06

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

2.	The true name(s) and <u>business</u> address(es business under the assumed business name	ne:
•	Name Robert B. Ziel	Complete Address 2049 Eagle Homestead Dr. Ammon ID. 83406
3.	The general type of business transacted un	nder the assumed business name is:
	 □ Retail Trade □ Wholesale Trade □ Construction □ Services □ Agriculture □ Manufacturing □ Mining □ Finance, Insurance, and Real Estate 	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4.	The name and address to which future correspondence should be addressed: Brian Ziel 2049 Eagle Homestead Ammon ID. 83406	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).	ut .
Signa	ed Name: Robert & Ziel	Secretary of State use only
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