

Capacity/Title:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. 2015 APR 17 PM 1: 22

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

1. The assumed business name which the business is:	e undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> addres business under the assumed business Name Dancel Andrews Whitney Andrews	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacte Retail Trade Transports Wholesale Trade Construct Services Agricultur Manufacturing Mining Finance, Insurance, and Real Es	ation and Public Utilities tion Te Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Du Scrubes 1204 w Targes 9+ 83700	450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	iment
Signature:	Secretary of State use only IDAHO SECRETARY OF STATE 04/17/2015 05:00 CK:2760596 CT:172099 BH:1471496 16 25:00 = 25:00 ASSUM NAME #2
Signature:	
Printed Name:	T 179405

D178405