

Signature:_

CERTIFICATE OF ASSUMED BUSINESS NAME FILED EFFECTIVE

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2018 JAN 25 AM 9: 17

1. The assumed business name which the undersig	ned use(s) in Stigentialis action (at p usiness is: STATE OF IDAHO
2. The individual and/or entity names and business the assumed business name (do not include the name Samuel Gould 1848 E Gould (Address)	· · ·
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
3. The general type of business transacted under th Retail Trade Wholesale Trade Services Manufacturing	☐ Transportation and Public Utilities ☐ Mining
4. Mailing address for future correspondence: Samuel Goold (Name) 1898 = 4300 N (Address) Ruhl ID 83316	5. Name and address for this acknowledgment copy is (if other than # 4): (Name) (Address)
Buhl ID 83316 (City) (State) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Samuel Gould Signature: Samuel Gould Printed Name:	Secretary of State use only IDAHO SECRETARY OF STATE 01/25/2018 05:00 CK:1212 CT:351662 BH:1623220 16 25.00 = 25.00 ASSUM NAME #2
Signature: Printed Name:	D199799

Rev. 08/2015