OF THE STATE OF TH

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Printed Name: _____

Signature:

Printed Name: _____

Signature:

2016 MAY -4 AM 8: 56

SECRETARY OF STATE

The individual and/or en	tity names and business add	ress(es) of those doing business under
the assumed business	name (do <u>not</u> include the name yo	ou listed in #1):
Steve Beauchamp (Name)	(Address)	O. Box 233, Elk City, ID 83525
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
	☐ Agriculture☐ Manufacturing	☐ Mining☐ Finance, Insurance, and Real Estate
Mailing address for futu	re correspondence: 5	. Name and address for this acknowledgment
		CODY IS (if other than # 4):
SLB Services		(Name)
(manne)		(Address)
P.O. Box 233		(Modiess)
		(City) (State) (Zipcode

D186344

CK:1866 CT:323990 BH:1526785 16 25.00 = 25.00 ASSUM NAME #2