

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.

2012 DEC 20 AM 8: 41

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

SECHEL OF STATE STATE OF IDAHO

1. The assumed business name which the un-	in the transaction of
business is:	delaighed dae(a) in the transaction of
Hadden healty	
2. The true name(s) and <u>business</u> address(es	
business under the assumed business nam	
Name	Complete Address
Lraig Steven Hadden	20. Box 649
	101 N. Grenwood
	Shoshone, IN 83357
The general type of business transacted ur	nder the assumed business name is:
Retail Trade Transportation	n and Public Utilities
Wholesale Trade Construction	
Services Agriculture	
Manufacturing Mirring	Submit Certificate of
	Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
	PO Box 83720
PO BOX 1049	Boise 1D 83720-0080
Shoshone, ID 83352	208 334-2301
Name and address for this acknowledgmer	nt
COPY IS (if other than # 4 above):	
	Secretary of State use only
Signature:	
· \ \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Printed Name: Traing Steven Haddun	
Capacity/Title: Owner	
Signature:	IDAHO SECRETARY OF STATE 12/20/2012 05:00
Printed Name:	CK: 3662 CT: 48292 BH: 1352250
	1 @ 25.00 = 25.00 ASSUM NAME # 2
Capacity/Title:	

abn.pmd Rev. 07/2010

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