

CERTIFICATE OF ASSUMED BUSINESS NAME

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

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CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Business type or print legibly. Instructions are included on back of applications.	undersigned siness Name.
The Dimensional The Dimensional	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Orion (coly) Barley	of the entity or individual(s) doing: Complete Address 631 E mair Ave. P.O. Box 1357 Challs, TO 83226
3. The general type of business transacted under Retail Trade Transportation a Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Orion Bailey P.O. BOX 135 Challis To 8327 (p.	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):	
Signature: Otto C. Bailing Printed Name: Osion (cody) Bailey Capacity/Title: Owner/operator Signature:	IDAHO SECRETARY OF STATE 12/19/2012 05:00
Printed Name:	CK: 674900199 CT: 273522 BH: 1352002 1 8 25.00 = 25.00 ASSUM NAME # 2

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Printed Name: Capacity/Title: