

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.



SECRETARY OF STATE

1.	STATE OF IDAHO The assumed business name which the undersigned use(s) in the transaction of business is: Beast Builder			
••				
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):			
	Carlee Shepherd 4955 Heath Way			
	Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)	-	
3.	The general type of business transacted under the assumed business name is:			
	☐ Retail Trade☐ Wholesale Trade☒ Services	ConstructionAgricultureManufacturing		Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate
4.	Mailing address for future of	correspondence:	5.	Name and address for this acknowledgment copy is (if other than #4):
	Carlee Shepherd (Name)			(Name)
	4955 Heath Way			(Address)
	Nampa Idaho 83687			(Made is)
	(Dity)	State) Zipcode)		(Gity) (State) (Zipcode
Pri	nted Name: Carlee Shephe	rd		Secretary of State use only
Sig	gnature: (Intll She	Med		
Printed Name:				IDAHO SECRETARY OF STATE 08/16/2016 05:00
Signature:				CK:207 CT:158010 BH:1542041 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:				D188531