

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.

2015 OCT 22 AM 8: 45

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

	BSCONSULT	TINLT
2.	The true name(s) and <u>business</u> address(es) business under the assumed business name Name WILLIAM U. STATES SHERRY D. STATES	
3.	The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der 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: BIN STATES P.O. BOX 1154 Spirit LAKE, Id 8386;	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgmen copy is (if other than # 4 above):	t
0'	aldu Wet	Secretary of State use only
Printe Capa Signa	ed Name: VIIIIAM H. STATES city/Title: PRESIDENT ature: ALL Sheery States	IDAHO SECRETARY OF STATE 10/22/2015 05:00 CK:1311 CT:315962 BH:1497376 16 25:00 = 25:00 ASSUM NAME

abn.pmd Rev. 07/2010