

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

Printed Name:

Signature:_____

FILED EFFECTIVE

2017 APR -7 AM 8: 40

SECRETARY OF STATE STATE OF IDAHO

	ame (do <u>not</u> include the name yo	
Johanna C Mercede	455 L Street Idaho Fa	ils, ID 83402
(Name)	(Address)	
★ Services Mailing address for future	Manufacturing correspondence: 5	Finance, Insurance, and Real EstateName and address for this acknowledgment
		COPY is (if other than # 4):
Johanna C Mercede		(Name)
(Name) 455 L Street		(Name)
(Address)		(Address)
Idaho Falls	ID 83402 (State) (Zipcode)	(City) (State) (Zipcode)
, ,,		
nted Name: Johanna C M	ercede	Secretary of State use only
gnature: Johanna C	Morcede	
rinted Name:		IDAHO SECRETARY OF STATE
		04/10/2017 05:00 CK:20719269666 CT:337619 BH:15
gnature:	•	

Rev. 08/2015

10 25.00 = 25.00 ASSUM NAME #2

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