ΓE OF **INESS NAME**

no Code, the undersigned Assumed Business Name.

FILED EFFECTIVE

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STATE OF STATE

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

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•	The assumed business name which the uno business is:	t Zone
2.	The true name(s) and <u>business</u> address(es business under the assumed business nam Name Stanton Wilkerson Randi Wilkerson) of the entity or individual(s) doing
	Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street
	2615 E Timberland Dr Eagle ID 83616	PO Box 83720 Boise ID 83720-0080 208 334-2301
5.	Name and address for this acknowledgment copy is (if other than #4 above): Same as #4	
Signa	ture: Stuaton Wilkenson	Secretary of State use only
	d Name: Stanton Wilkerson	
Capac	city/Title: Owner	
Signat	ture: tainali/(alausian)	
	d Name: Randi Wilkerson	IDAHO SECRETARY OF STATE
Capad	city/Title: Co-Owner	O8/15/2011 05:00 CK: CASH CT: 158010 BH: 1286637 1 0 25.00 = 25.00 ASSUN NAME # 3

abn.pmd Rev. 07/2010

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