

## CERTIFICATE OF



|   | Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.  Please type or print locate to   |   |
|---|--|---|
| Please type or print legibly.  NOTE: See instructions on reverse before filing. |  | filing.   |
|   | 1. The assumed business name which the under business is:  Thama (rossing fare)  |   |
|   | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:     Name  |   |
|   | G. Bruce Hollett 5   | Complete Address  2 EAST SANDY RIDGE ROAD Priost RIVOR ID 83856   |
|   | 3. The general type of business transacted under   | SAME_   |
|   | Retail Trade   | •   |
|   | COpy is (if other than #4 above):  | 3 <u>04-481-4069</u>  |
| Pri   | ignature: A   Jack of form)  Sequential sequence of form   Sequence of form    Sequential sequence of form   Sequence of form    Se | SIDANO SECRETARY OF STATE 05/18/2015 05:00  CK:4000 CT:310365 BH:1476034 16 25.00 = 25.00 ASSUM NAME #2 |