

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

FILED EFFECTIVE

SECRETARY OF STATE
STATE OF IDAHO

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

| T | |
|---|--|
| The true name(s) and <u>business</u> address(business under the assumed business n | (es) of the entity or individual(s) doing name: |
| <u>Name</u> | Complete Address |
| Christopher W Welcker | 3102 N Mountain Road |
| | Boise ID 83702 |
| The general type of business transacted Retail Trade Wholesale Trade Services Agriculture | tion and Public Utilities on |
| ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta | Submit Certificate of Assumed Business |
| The name and address to which future correspondence should be addressed: | Secretary of State 450 North 4th Street PO Box 83720 |
| Chris Welcker 3102 N Mountain Road | Boise ID 83720-0080 |
| Boise ID 83702 | 208 334-2301 |
| Name and address for this acknowledgm copy is (if other than # 4 above): | nent |
| | Secretary of State use only |
| | |
| nature: | - |
| ted Name: Chris Welcker | — IDAHO SECRETARY OF STATE |
| V | - IDAHO SECRETARY OF STATE - 03/18/2015 05:00 - CK:726 CT:307825 BH:1466 |

abn.pmd Rev. 07/2010

1)177616

Capacity/Title: