

Signature:\_\_\_\_

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

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

Filing fee: \$25.00.

2016 AUG 17 AM 9: 01

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1	SECRETARY OF STATE  The assumed hysiness name which the undersigned uso(s) in the transfer by MANA incoming		
١.	The assumed business name which the undersigned use(s) in the transaction of Addisiness is:		
	Syringa Lifestyle Managment		
2.	The individual and/or entity names and business address(es) of those doing business under		
	the assumed business name (do <u>not</u> include the name you listed in #1):		
	Owyhee Management LLC PO Box 190768, Boise, ID 83719		
	(Name) (Address)		
	W169294		
	(Name) (Address)		
	(Name) (Address)		
	(Name) (Address)		
3.	The general type of business transacted under the assumed business name is:		
	Retail Trade Constru	ruction Transportation and Public Utilities	
	Wholesale Trade Agricult	= "Talloportation and Table outlines	
٠	Z Services	acturing	
4.	Mailing address for future correspondence: 5. Name and address for this acknowledgment		
•	Copy is (if other than #4):		
	Syrings Lifestyle Management	copy to (it datas atality 1).	
	Syringa Lifestyle Managment  Name) (Name)		
	PO Box 190768		
	(Address) (Address)		
	Boise, ID 83719		
	(City) (State) (Zipcoo	ode) (City) (State) (Zipcode)	
	Molly Johnson Momber	<del></del>	
וזי	inted Name: Molly Johnson, Member	Secretary of State use only	
Sic	gnature: Milli Nim Son		
ع، د	gridial C. Typical Colored Sol	IDAHO SECRETARY OF STATE	
Pri	inted Name:	08/17/2016 05:00	
		CK:501 CT:327966 BH:1542333 10 25.00 = 25.00 ASSUM NAME #2	
Si	gnature:		
o~:	inted Name:	D100100	

Rev. 08/2015