

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Filing fee: \$25.00.

2017 MAY -3 AM 9: 55

SECRETARY OF STATE

| 1. | The assumed business name which the undersigned use(s) in the transaction of business is: Estate Solutions Plus | | | | | |
|--------------------------|--|--|--|-----------------------------|------------|--|
| | | | | | | |
| | | | | | | |
| 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): | | | | | |
| | Amy Groves | 4491 N. Echo Summit Pl. Star, ID 83669 | | | | |
| | (Name) (Address) | | | | | |
| | (Name) | (Address) | | | · <u> </u> | |
| | (Name) | (Address) | | | | |
| | (Name) | (Address) | | | | |
| 3. | The general type of business transacted under the assumed business name is: | | | | | |
| | Retail Trade | Construction | | nsportation and Public U | Utilities | |
| | | Agriculture | ∐ Mir | • | n al | |
| | ⊠ Services | Manufacturing | | ance, Insurance, and Re | eai Estate | |
| 4. | Mailing address for future | correspondence: | 5. Name and copy is (if of | address for this acknow | wledgment | |
| | Amy Groves | | CODY IS (if of | ner man # 4). | | |
| | (Name) | | (Name) | | | |
| | 4491 N. Echo Summit Pl. | | | | | |
| | (Address) Star, Idaho 83669 | | (Address) | | | |
| | (City) | (State) (Zipcode) | (Citý) | (State) | (Zipcode) | |
| Printed Name: Amy Groves | | | | Secretary of State use only | | |
| Sig | nature | ous | | | | |
| Printed Name: | | | IDAHO SECRETARY OF STATE 05/03/2017 05:00 | | | |
| Signature: | | | CK:CASH CT:158010 BH:1582297 16 25.00 = 25.00 ASSUM NAME #2 | | | |
| Printed Name: | | | | | | |
| Signature: | | | | D194135 | | |

Rev. 08/2015