Capacity/Title:

## ASSUMED BUSINESS NAME 2011 FFR 16 2011 FEB 16 AM 11: 05

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

STATE OF IDAHO

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

Idaho Indie Works

Ind	lie Made
<ol> <li>The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u></li> </ol>	
Idaho Indie Works, LLC	106 North 6th Street, Boise Idaho 83702
(w90505)	
3. The general type of business transacted u	under the assumed business name is:
Wholesale Trade _ Construction	n and Public Utilities
<ul><li>☐ Services</li><li>☐ Manufacturing</li><li>☐ Mining</li></ul>	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Sara McClaran	PO Box 83720 Boise ID 83720-0080
106 North 6th Street	208 334-2301
Boise, Idaho 83702	
i. Name and address for this acknowledgme	nt
COPY is (if other than # 4 above):	
	Secretary of State use only
nature: Qu'Uu	Decision of Clara are only
ed Name: Sara McClaran	
acity/Title: Owner	
ature:	
red Name	IDAHO SECRETARY OF STATE

CK: 688329 CT: 172899 BH: 1268324 1 8 25.88 = 25.88 ASSUM MANE N 2

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