

Printed Name: _____

Capacity/Title:__

9/21/2012

CERTIFICATE OF ASSUMED BUSINESS NAME

2015 MAR -6 AM 8: 28

FILED EFFECTIVE

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

SECRETARY OF STATE

177306

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

1. The assumed business name which the unders business is: Cunninghow Backford	
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name: Name Jasan Cunning ham 10	Complete Address
3. The general type of business transacted under Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	.
4. The name and address to which future correspondence should be addressed: <u>Jason Cunningham</u> 1071 East 900 South Edon, ID 83325	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
inted Name: <u>Seson Cunningham</u> apacity/Title: <u>Owner</u> gnature:	Secretary of State use only IDAHO SECRETARY OF STATE 03/06/2015 05:00 CK:247 CT:307350 BH:146499 16 25.00 = 25.00 ASSUM NAME

abn.pmd Rev. 07/2010