

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

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



| Filing fee: \$25.00. | SECRETARY OF |
|--|--|
| 1. The assumed business name which the und | dersigned use(s) in the transaction of business is: |
| the assumed business name (do not include the | ness address(es) of those doing business under the name you listed in #1): 250 5. Woodruff Idaho Falls fill 83404 |
| (Name) (Address) | |
| (Name) (Address) | |
| 3. The general type of business transacted und Retail Trade Construct Wholesale Trade Agricultur Services Manufact 4. Mailing address for future correspondence: Caddress Ca | re |
| (City) (State) (Zipcode | (City) (State) (Zipcode) |
| Printed Name: <u>HoHaleea Delovi</u> | Secretary of State use only |
| Signature: Solution our | IDAHO SECRETARY OF STATE |
| Printed Name: | 11/03/2017 05:00 CK:15123378 CT:172099 BH:1610473 16 25:00 = 25:00 ASSUM NAME #2 |
| Signature: | - 15 20.00 - 20.00 ABBUE #2 |
| Printed Name: | D198169 |

Rev. 08/2015