

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG -8 AM 9: 22

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is:				
	the ?	Pertormano	le .	W	
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): (Name) 1222 E. Piston Dr Mendian, ID 83643 (Address)				
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
3.	The general type of busines Retail Trade Wholesale Trade Services	s transacted under the Construction Agriculture Manufacturing	☐ Transport	name is: tation and Public U Insurance, and Re	
4.	Mailing address for future co	orrespondence:	5. Name and address copy is (if other than		vledgment
	(Name) 1222 E. Pistion (Address) Meridian D (City) (S	83642 tate) (Zipcode)	(Name) (Address) (City)	(State)	(Zipcode)
Printed Name: Willow Henson			i Sokindary of Stateware out at a te		
Signature:			08/08/2016 05:00 CK:108 CT:158010 BH:1541013		
Pr	inted Name:		16 25.00	= 25.00 ASSUM	NAME #2
Si	gnature:		_		
Printed Name:			1)188424		
Sic	gnature:				

Rev. 08/2015