Capacity/Title:



CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2015 OCT -9 PM 12: 16

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

SECHETARY OF STATE STATE OF IDAHO

1. The assumed busin	iess name which the undersig	ned use(s) in the transaction of
business is:	indu May Musi	Ĺ
	nd <u>business</u> address(es) of the assumed business name: Bowler 20	e entity or individual(s) doing Complete Address Juntoni Dr. 354, 10 83712
Retail Trade Wholesale Ti Services Manufacturin	Transportation and Cade Construction Agriculture	Submit Certificate of Assumed Business Name and \$25.00 fee to:
20 Belinda	ould be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address copy is (if other than #4	for this acknowledgment	
Signature: WMM Printed Name Clin U Capacity/Title: WM Signature:	Bowler er	Secretary of State use only IDAHO SECRETARY OF STATE 10/09/2015 05:00 CK:1073 CT:158010 BH:149581 16 25.00 = 25.00 ASSUM NAME
Signature: Printed Name:		7 /91001/
		7/81924

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