

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

## FILED EFFECTIVE 2013 DEC 10 PM 4: 02 SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the und business is:	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es business under the assumed business name  Name  Drug las Gales	
3. The general type of business transacted un  Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	sider the assumed business name is:  and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:    Douglas Gates   Sales   Sales	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmer copy is (if other than # 4 above):	nt
Signature: Doug Fator  Printed Name: Nova Gates	Secretary of State use only
Capacity/Title: owner	
Signature:	IDAHO SECRETARY OF STATE 12/10/2013 05:00
Printed Name:	CK: CASH CT: 158818 BH: 1481222 1 8 25.88 = 25.89 ASSUM MAME # 2
Capacity/Title:	N 11076/88
	<u> </u>

abn.pmd Rev. 07/2010