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 FEB -6 AM 11: 09

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the undersigned business is:      Three Eighty	
2. The true name(s) and <u>business</u> address(es) of the e business under the assumed business name:  Name  Rebect Johnson  317	Complete Address  S-Grays Hn.Namp b  \$3687
3. The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  Three Eighty  317 S. Grays Ho.  Name 12. 83687	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):	
Signature: <u>Pelica Johnson</u> Printed Name: <u>Pelica Johnson</u> Capacity/Title:	Secretary of State use only  IDAHO SECRETARY OF STATE  82/06/2015 95:00  CK:1686 CT:158010 BH:1460671  16 25.00 = 25.00 ASSUM NAME #
Signature: Printed Name:	1116596

D176596