

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.

2016 JUL 22 PM 3: 33

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

SECRETARY OF STATE STATE OF IDAHO

WAGNER POWDER	2 COATING
2. The true name(s) and <u>business</u> address business under the assumed business r	
<u>Name</u>	Complete Address
AUSTIN WAGNER	
	MIDDLETON 1D 83644
3. The general type of business transacted	d under the assumed business name is:
	tion and Public Utilities on
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: AUSTIN WAGNER 27322 MIDDLETON RD MIDDLETON 10 8364	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledge copy is (if other than # 4 above):	ment
	Secretary of State use only
rinted Name: AUSTTN WAGNER apacity/Title: OWNER	- IDAHO SECRETARY OF STATE 07/22/2016 05:00 - CK:4058806 CT:172099 BH:153 - 16 25.00 = 25.00 ASSUM NAME
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rinted Name:	_ DISEAS

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