

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 DEC -9 PM 1:55

SECRETARY OF STATE STATE OF IDAHO

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

The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(s) business under the assumed business name  Name  Losan Roborts	, , ,
3. The general type of business transacted  Retail Trade Transportati Wholesale Trade Constructio Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	on and Public Utilities  n  Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:  Tough Roberts  232 Measurian Dr. 5  Name La, LD 83686	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent
Signatura: Van Latit	Secretary of State use only
Signature: You Kolinto  Printed Name: Joseph Roborts  Capacity/Title: Owner	IDAHO SECRETARY OF STATE  12/09/2015 05:00  CK:CASH CT:158010 BH:1503548  16 25:00 = 25:00 ASSUM NAME #2
Signature: Printed Name:	- D183088
	- $1$

abn.pmd Rev. 07/2010