

## CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED ETFECTIVE 2016 JUL 24 AN 9 45

Please type or print legibly.
NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

2. The true name(s) and business address business under the assumed business r	s(es) of the entity or individual(s) doing
Name	Complete Address
thillip tenneste:	3884 Neewahlu RQ
	Coeur D'alene, ID 83814
3. The general type of business transacted  Retail Trade Transporta  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Esta  4. The name and address to which future correspondence should be addressed:	e Submit Certificate of Assumed Business
Same as above	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
<ol> <li>Name and address for this acknowledged copy is (if other than # 4 above).</li> </ol>	ment Phone number (optional):  760-668-4446
ignature:  (signature required)  rinted Name:  Phillip tennestmi	Secretary of State use only  Secretary of State use only  O(02135

IDAHO SECRETARY OF STATE

07/25/2006 05:00

CK: NO CK# CT: 158010 BH: 966717
1 8 25.00 = 25.00 ASSUM NAME # 2