

CERTIFICATE OF ASSUMED BUSINESS NAME

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

09 AUG 27 AM 8: 11

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

Eleme	ents
The true name(s) and business address(es) of business under the assumed business name:	• • • • • • • • • • • • • • • • • • • •
3. The general type of business transacted under	er the assumed business name is:
Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Elements 276 Eastland Dr. N. Twin Falls, ID. 83301 5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0060 (208) 334-2301
COPY IS (if other than # 4 above):	Secretary of State use only
nature: Sandra Black (eigneture required) nted Name: Sandra G March pacity/Title: Owner (see instruction # 8 on back of form)	SECRETARY OF STATE OBJ