

CERTIFICATE OF ASSUMED BUSINESS NAME

(see instruction # 8 on back of form)

27	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINESS Pursuant to Section 53-504, Idaho Code, the submits for filing a certificate of Assumed Explanation Please type or print legibly.	S NAME the undersigned Business Name.
1. The assumed business name which the unbusiness is: Got Sarubs	dersigned use(s) in the transaction of
Kyndra Sinsel	ne: Complete Address 1800 W. Santa Clara Dr. Meridian ID 8344. 44 So. Taffy Dr. Nampa ID 83687 1125 So Bonneville Nampa ID 83686
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Chery King 1800 W. Santa Clara Dr. Meridian ID 836 42	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
 Name and address for this acknowledgme copy is (if other than # 4 above); 	ent Phone number (optional): 208 - 866 - 8443
Signature: Miles K atwell (signature required)	Secretary of State use only Secretary of State use only 100000000000000000000000000000000000
Printed Name: Mike K. Atwell Capacity/Title: Partner	IDAHO SECRETARY OF STATE 94/96/2094 95:09 CK: 2378 CT: 158010 BH: 737664