

CERTIFICATE OF SUMED BUSINESS NAME

ASSUMED BUSINESS NAME Pursuant to Socilon 53-504, ideho Gode, the undersigned submits for Ifling a certificate of Assumed Business Name. Please type or print legibly. instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of onsultants 2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: <u>Name</u> Complete Address 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade | Construction Services Agriculture Submit Certificate of Manufacturing Assumed Business Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street ielle Swintord PO Box 83720 Boiso ID \$3720-0080 208 334-2301 5. Name and address for this acknowledgment CODY IS (it other than # 4 above): retary of State use only Capacity/Title: MPA Signature: Printed Name: Capacity/Title:

FILED EFFECTIVE

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SECRETARY OF STATE STATE OF IDAHO

1DAHO SECRETARY OF STATE 04/27/2015 05:00

CK:2786116 CT:172099 BH:1472858 16 25.00 = 25.00 ASSUM NAME #2

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