

CERTIFICATE OF ASSUMED BUSINESS NAME

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

08 FEB 29 AM 9: 14 SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

Rar	ncho Viejo
The true name(s) and business address(e business under the assumed business na Name	es) of the entity or individual(s) doing me: Complete Address
Patron Associates, LLC	E. 2525 Seltice Way
W 1300	Post Falls, Idaho 83854
The general type of business transacted u	under the assumed business name is:
Retail Trade ☐ Transportation ☐ Wholesale Trade ☐ Construction ☐ Services ☐ Agriculture ☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ☐ Jose Rodriguez ☐ E. 2525 Seltice Way ☐ Post Falls, Idaho 83854 5. Name and address for this acknowledgm copy is (if other than # 4 above):	Submit Certificate of Assumed Business Name and \$25.00 fee to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
	Secretary of State use only
nature:	IDAHO SECRETARY OF STATE 62/29/2008 05 a CK: 2183877 CT: 158016 BH: 1
(signature reported) nted Name: Jose Rodriguez	IDAHO SECRETARY OF STATE
4-71-44	IDAHO SECRETARY OF STATE
pacity/Title: Managing partner	K: 2183877 CT: 158818 Bu.