

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

Please type or print legibly.

10 AUG -6 AM 11:55

SECRETARY OF STATE

Instructions are included on back of appl	ication. STATE OF IDAHO
The assumed business name which the und business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name Benjamin F. Hegan	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Ben Hogan 765 W. Pine Ave Meridian ID 83642	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	:
	Secretary of State use only
Signature: Regimen F. Hogo	0,41240
Printed Name: <u>Schjamin</u> F. Hogan Capacity/Title: Owner	.711115
Signature:	IDAHO SECRETARY OF STATE 08/06/2010 05:200
Printed Name:	CK: CASH CT: 158010 BH: 1233821 1 8 25.80 = 25.00 ASSUM NAME # 2