

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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

## FILED EFFECTIVE

2013 NOV -4 AM 9: 14

## 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

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9'18'01'C 11/94/2913 95	business under the assumed business <u>Name</u>	Complete Address
3. The general type of business transacted under the assumed business name is:  Retail Trade	Hilary Seth Martin	485 N. 2nd E., #105-272
3. The general type of business transacted under the assumed business name is:  Retail Trade		Rexburg, Idaho
Retail Trade		83440
Assumed Business Name and \$25.00 fee to:  4. The name and address to which future correspondence should be addressed:  Martin Subsidiaries  485 N. 2nd E., #105-272  Rexburg, Idaho, 83440  5. Name and address for this acknowledgment copy is (if other than #4 above):  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301  Secretary of State use only  nature:  IDANG SECRETARY OF STATE AND	Retail Trade Transpor Wholesale Trade Construction	tation and Public Utilities
Correspondence should be addressed:  Martin Subsidiaries  485 N. 2nd E., #105-272  Rexburg, Idaho, 83440  5. Name and address for this acknowledgment copy is (if other than # 4 above):  Secretary of State use only  spacity/Title: Owner  IDAHG SECRETARY OF ST  11/94/2613 GS		Assumed Business
Rexburg, Idaho, 83440  5. Name and address for this acknowledgment copy is (if other than # 4 above):  gnature:  ### Secretary of State use only  secretary of State use only  ### IDAHO SECRETARY OF STATE OF STA	correspondence should be addressed	450 North 4th Street PO Box 83720
Copy is (if other than # 4 above):  Secretary of State use only  gnature:		
gnature:		lgment
apacity/Title: Owner	nature: H. Seth Mark	
gnature: IDAHO SECRETARY OF ST	nted Name: Hilary Seth Martin	
gnature: IDAHO SECRETARY OF ST	pacity/Title: Owner	
111/947/ PM:		TROHO SECRETARY OF STA
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Printed Name: Capacity/Title: