

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.

11 AUG -4 AM 9:41

Please type or print legibly. Instructions are included on back of application.

SECRETARY OF STATE STATE OF IDAHO

| | Office Of all and |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| The assumed business name which business is: | h the undersigned use(s) in the transaction of |
| 2. The true name(s) and <u>business</u> add business under the assumed business <u>Name</u> BARBARA PALAZUEL | Complete Address |
| | 83340 |
| Retail Trade Trans Wholesale Trade Cons | acted under the assumed business name is: portation and Public Utilities truction ulture |
| ☐ Manufacturing ☐ Minin☐ Finance, Insurance, and Rea | * Assumed Business |
| 4. The name and address to which fu correspondence should be address BARBARA FRACUEOS P.D. BOX 1620 Ketchum, 10 83340 | Secretary of State |
| 5. Name and address for this acknow copy is (if other than # 4 above): | ledgment |
| Signature: MDP | Secretary of State use only |
| | 261.08 |
| Printed Name: BARBARA PALAZIA Capacity/Title: DWNER / LUNCIPA | er |
| Signature: | 00/04/2011 00:00 |
| Printed Name: | CK: 987 CT: 158010 BH: 1285193 1 0 25.00 = 25.00 ASSUM MANE # 2 |
| Canacity/Title: | DIUG 27.L |