9/21/2012

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.

2014 AUG - 1 AM 8: 51

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

SECRETARY OF STATE STATE OF IDAHO

	 The assumed business name w business is: 	which the undersigned use(s) in the transaction of
Submit Certificate of Assumed Business Name Submit Certificate of Assumed Business Name and \$25.00 fee to:	Hog Hollow Pressure Wash	
Retall Trade	business under the assumed business under the as	usiness name: <u>Complete Address</u>
Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: Kook Trucking, LLC PO BOX 85 Newdale, Idaho 83436 5. Name and address for this acknowledgment copy is (ff other than # 4 above): Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Sacretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 Sacretary of State use only IDAHO SECRETARY OF STATE 08/01/2014 05:00 CK: 2105092 CT: 172099 BH: 14356 16 25:00 = 25:00 ASSUM NAME Printed Name:	Retall Trade Trade Co	ansportation and Public Utilities onstruction
Correspondence should be addressed: Kook Trucking, LLC PO BOX 85 Newdale, Idaho 83436 5. Name and address for this acknowledgment copy is (if other than #4 above): Signature: Printed Name: Capacity/Title. Achorized Pesson Signature: Printed Name: Capacity/Title Achorized Pesson Capacity Title Capacity Capa	Manufacturing M	ining Submit Certificate of Assumed Business
Newdale, Idaho 83436 5. Name and address for this acknowledgment copy is (ff other than # 4 above): Signature: Printed Name: Capacity/Title. Authorized Person Signature: Printed Name: Capacity/Title. Authorized Person Signature: Printed Name: 108 334-2301 Secretary of State use only CK:2105092 CT:172099 BH:14356 16 25.00 = 25.00 ASSUM NAME	correspondence should be add Kook Trucking, LLC	ressed: 450 North 4th Street PO Box 83720
5. Name and address for this acknowledgment copy is (frother then # 4 above): Signature: Printed Name: Tray Thurstad Capacity/Title. Authorized Person Signature: Cignature: Cignatu		208 334-2301
Signature:		nowledgment
Printed Name:		Secretary of State use only
Capacity/Title. Authorized Pesan 08/01/2014 05:00 CK:2105092 CT:172099 BH:14356 16 25:00 = 25:00 ASSUM NAME Printed Name:		
Printed Name:	Capacity/Title. Authorized Person	
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