Capacity/Title:\_



## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

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

## FILED EFFECTIVE

2016 JUN 17 AM 11:21

SECRETARY OF STATE

	STATE OF IDAHO
1. The assumed business name which the business is:  [3] Ue [3] 000	he undersigned use(s) in the transaction of
The true name(s) and <u>business</u> addre business under the assumed business     Name	· · · · · · · · · · · · · · · · · · ·
Kirk Evans	<del></del>
	Mesa Flaho
	<u> </u>
Manufacturing Mining Finance, Insurance, and Real E	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed  Kirk Evans  1261 Mesa Ru  Mesa Idaho 8364	#: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowled copy is (if other than # 4 above):	lgment
	Secretary of State use only
Signature: full Commo	IDAHO SECRETARY OF STATE
Printed Name: Kirk Evans	06/17/2016 05:00
Capacity/Title:	CK:CASH CT:158010 BH:1533926 1@ 25.00 = 25.00 ASSUM NAME #2
Signature:	
Printed Name:	DI81350