FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2014 JUL -9 AM 9: 49

SECRETARY OF STATE STATE OF IDAHO

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

Trinkette M. Bishop Trinkette M. Bishop The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future Forrespondence should be addressed: The Driftwood Lane Complete Address Submpa, ID 83651 Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720	4-EverLinked.com	
Trinkette M. Bishop 711 Driftwood Lane, Nampa, ID 83651 The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future Forrespondence should be addressed: Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720	pusiness under the assumed business name:	
Retail Trade		
14 ID 000F4	Retail Trade Transportation are Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate The name and address to which future	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street
	11 Driftwood Lane	Boise ID 83720-0080 208 334-2301
lame and address for this acknowledgment opy is (if other than # 4 above):	11 Driftwood Lane lampa, ID 83651 lame and address for this acknowledgment	Boise ID 83720-0080

1DAHO SECRETARY OF STATE 07/09/2014 05:00

CK:2042830 CT:172099 BH:1432462 16 25.00 = 25.00 ASSUM NAME #2

D172437

9/21/2012

Capacity/Title: President/Owner

Printed Name: _____

Signature: ____

Capacity/Title:

abn.pmd Pay. 07/2010