

Capacity/Title: Manager

Capacity/Title:

Signature:

Printed Name: _____

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 OCT -3 AM 8:58

SECFLIARY OF STATE STATE OF IDAHO

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

Black Eagle Log Homes	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Black Eagle Enterprises LLC	
W 8353/	7011 Klagewood Dr., Karillari, ID 0000
B. The general type of business transacted uses. Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities
✓ Manufacturing ☐ Mining☐ Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and \$25.00 fee to:
 The name and address to which future correspondence should be addressed: Black Eagle Log Homes 	Secretary of State 450 North 4th Street PO Box 83720
PO Box 7 Kamiah, ID 83536	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
11 120 12 1 17 2	Secretary of State use only
nature: Mabel Robin Black Eagle	10AHO SECRETARY OF STAT 10/03/2014 05:00

CK:3657502976 CT:301784 BH:1443853 16 25.00 = 25.00 ASSUM NAME #5

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