

Capacity/Title:\_

## 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.

2016 JUN -3 PM 3: 49

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

SECRETARY OF STATE STATE OF IDAHO

| 1. The assumed business name which the business is:  Pastox Escutio Inde  |  |
|---|--|
| 2. The true name(s) and <u>business</u> address business under the assumed business Name  Pasks South a                                     | , , , <del>,</del>   |
| 3. The general type of business transacte  Retail Trade  Wholesale Trade  Services  Manufacturing  Mining  Finance, Insurance, and Real Est | ation and Public Utilities tion re Submit Certificate of Assumed Business  |
| 4. The name and address to which future correspondence should be addressed:  11498 W M Grow dr  Numpa 1 do ho 9365                          | Secretary or state   |
| 5. Name and address for this acknowledg copy is (if other than # 4 above):  | gment  |
| Signature: POSTON SCOPE<br>Printed Name: POSTON SSCOPE<br>Capacity/Title: Troken<br>Signature:  | Secretary of State use only  IDAHO SECRETARY OF STATE  06/03/2016 05:00  CK:3916256 CT:172099 BH:1531593  16 25.00 = 25.00 ASSUM NAME #2 |
| Printed Name:   | - D187021  |

11101021

abr.pmd Rev 07/2010