

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2015 JUL -7 AM 8: 32

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 undersigned use(s) in the transaction of business is:	
Your Only Trusted Advisor	
The true name(s) and <u>business</u> address business under the assumed busines <u>Name</u> Larry D-Brown	ress(es) of the entity or individual(s) doing ss name: <u>Complete Address</u> 1095 Wheatstone Dr., Idaho Falls, ID 83404
	Submit Certificate of Assumed Business
 The name and address to which future correspondence should be addressed. Your Only Trusted Advisor. 1095 Wheatstone Dr., Idaho Falls, ID 83404. 	ed: 450 North 4th Street PO Box 83720
 Name and address for this acknowle copy is (if other than # 4 above). Same 	dgment
	Secretary of State use only
Signature:	TOTAL CONTRACTOR AND
Printed Name: Larry D. Brown Capacity/Title: President Signature:	IDANO SECRETARY OF STATE 07/07/2015 05:00 CK:5886 CT:312138 BH:1482858 16 25:00 = 25:00 ASSUM NAME
Printed Name: Larry D. Brown	
Capacity/Title: President	D180154

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