

(see instruction # 8 on back of form)

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.

05 NOV 17 PM 12:01

Please type or print legibly. NOTE: See instructions on reverse before filing.

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The assumed business name which the understand the unit business is:	dersigned use(s) in the transaction of
business is: Above All	TREE CGEO.
2. The true name(s) and <u>business</u> address(es business under the assumed business name Name	of the entity or individual(s) doing ne: Complete Address GOF GBR ST7 CARDON CITY ID.
3. The general type of business transacted un	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than #4 above):	nt Phone number (optional): 508-353-4009
	Secretary of State use only
Signature: Printed Name: Capacity/Title: Ountrians Ountrians	1 DAHO SECRETARY OF STATE 1 1 / 1 7 / 2 0 0 5 : 0 0 1 2 25.00 = 25.00 ASSUM NAME # 2