

Capacity/Title: Solve

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

09 JUN 18 AM 8: 41

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

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersign business is:	
2. The true name(s) and business address(es) of the business under the assumed business name: Name A C	e entity or individual(s) doing Complete Address Carch Lane Didtown In 83822
3. The general type of business transacted under the Retail Trade Transportation and P Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	
5. Name and address for this acknowledgment copy is (If other than # 4 above): SAMP gnature: (### Name and address for this acknowledgment copy is (If other than # 4 above): """ gnature: (### Name and address for this acknowledgment copy is (If other than # 4 above): """ gnature: """ """ """ """ """ "" """ "	Secretary of State use only

06/18/2009 05:00 CX: 264848 CT: 172099 BH: 1175371 1 9 25.00 = 25.00 ASSUM MANE #