Capacity/Title:



CERTIFICATE OF ASSUMED BUSINESS NAME

2016 MAY -4 AM 11: 35

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

SECRETARY OF STATE STATE OF IDAHO

FILED EFFECTIVE

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

The assumed business name which the undersign business is:	
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name: Name Self 5elf 802	e entity or individual(s) doing Complete Address W. Line Ave. Mercellan Vac. 83642
3. The general type of business transacted under the Retail Trade Transportation and F Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed: Lasen & Sello 802 W. Pine, live Medicine, sello 83647.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	
ignature:	Secretary of State use only IDANO SECRETARY OF STATE 05/04/2016 05:00 CK:3829820 CT:172099 BH:15268 16 25.00 = 25.00 ASSUM NAME #
rinted Name:	D 186332

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