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CERTIFICATE OF ASSUMED BUSINESS NAME Pursuant to Section 35:304, Idaho Code, the undersigned ubinits of fling a certificate of Assumed Business Name. Please type or print legibly. NOTE: See instructions on reverse before filling. The assumed business name which the undersigned use(s) in the transaction of business is: Discrete Address Black and Bray The true name(s) and business address(se) of the entity or individual(s) doing business under the assumed business name: Name Complete Address Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Marceck1 Steroters Marceck1 Marceck1 Marceck1 Marceck1 <t< th=""><th>2/</th><th></th></t<>	2/			
Pursuant to Section 53:500, Matho Code, the undersigned submits for filing a cartificate of Assumed Business Name. 2015 JUR 22 FR 4-11 Presea type or print legibly. SCRETARY CF STATE STRE CF DAYS NOTE: See instructions on reverse before filing. SCRETARY CF STATE STRE CF DAYS 1. The assumed business name which the undersigned use(s) in the transaction of business is. SCRETARY CF STATE STRE CF DAYS 2. The true name(s) and business address(se) of the entity or individual(s) doing business under the assumed business name: Complete Address Pannic Macreck1 3063 2E laSth So Table Table S& Mappenne Mappenne Macreck1 3063 2E laSth So Table Table S& Mappenne 3. The general type of business transacted under the assumed business name is: Submit Cartificate of Assumed Business name and \$25.00 fee to: 3. The general type of business transacted under the assumed business manufacturing Mining Finance, Insurance, and Reat Estate Submit Cartificate of Assumed Business Name and \$25.00 fee to: Sacretary of State 700 West Jeffarcon Basement West PO Box 83720 Basenent West PO Box 83720 Base 10 83720-0080 206 334-2301 5. Name and address for this acknowledgment Copy is (# other than #4 above): Phone number (optional): 5.037 - 5.172 State of State 700 West Jeffarcon Basenent West Po Box 83720 Basenent West Po Box 83720 Basenent West Po Box 83720 Bason enty <td <="" colspan="2" th=""><th>CERTIFICATE OF</th><th></th></td>	<th>CERTIFICATE OF</th> <th></th>		CERTIFICATE OF	
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