

## **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.

2014 FEB 25 AM 8: 34

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

SECRETARY OF STATE STATE OF IDAHO

The assumed business name which the u business is:	ndersigned use(s) in the transaction of
Twisted Timber concerns	
2. The true name(s) and <u>business</u> address(e business under the assumed business na Name	es) of the entity or individual(s) doing time:  Complete Address  209 Portur creeked  Horse shoe Bend, FP 83629
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture	on and Public Utilities
Manufacturing  Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:
4. The name and address to which future correspondence should be addressed:	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
Signature:	Secretary of State use only
Printed Name: Jonathan DavidKalm	
Capacity/Title: O հու –	IDAHO SECRETARY OF STATE
Signature:	02/25/2014 05:00 CK: 1714668 CT: 172899 BH: 1412121
Printed Name:	1 0 25.00 = 25.00 ASSUM NAME 1 2
Capacity/Title:	N 11 C 185

abn.pmd Rev. 07/2010

D169185