

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.

11 JUL 18 AM 9: 37

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

SECT: Y OF STATE

<u></u>	Drive Thru Game	
The true name(s) and <u>business</u> add business under the assumed busin		e entity or individual(s) doing
Name	oo namo.	Complete Address
Joel Eddy	4828 N. Atlantic Drive Coeur D' Alene, Idaho 83815	
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The general type of business trans	acted under the	e assumed business name is:
	ortation and P	
	ruction	
Services Agric	ılture	
Manufacturing Minin	3	Submit Certificate of
Finance, Insurance, and Rea	Estate	Assumed Business Name and \$25.00 fee to:
The name and address to which fu	nire	
correspondence should be address		Secretary of State 450 North 4th Street
Joel Eddy		PO Box 83720
4828 N. Atlantic Drive		Boise ID 83720-0080 208 334-2301
Coeur D' Alene, Idaho 83815		200 334-2301
Name and address for this acknow copy is (if other than # 4 above):	edgment	
		Secretary of State use only
ature:		
ed Name: Jeel Eddy		
acity/Title. President		
ature:	 -	
ed Name:		IDAHO SECRETARY OF STATE
		07/18/2011 05:0