

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 MAR 20 AM 8: 38

SECRETARY OF STATE STATE OF IDAHO

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

 The true name(s) and <u>business</u> address business under the assumed business r 	name:
Name Forrest Wright	Complete Address 411 S. Olive Ave #4 Sandpoint, ID 83864
	e Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 411 S. Olive Ave #4 Sandpoint, ID 83864	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledg copy is (if other than # 4 above):	ment
gnature: <u>Forzest wirial</u> It	Secretary of State use only IDAHO SECRETARY OF STATE 03/20/2015 05:00

CK:1059 CT:158010 BH:1467225 1@ 25.00 = 25.00 ASSUM NAME #2

) 177684

Capacity/Title: <u>OWNER</u>

Signature:

Printed Name: _____

Capacity/Title:____