

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

10 AUG -9 AM 9: 33

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

Instructions are included on back of application.

1.	The assumed business name which the ur business is:	ndersigned	d use(s) in the transaction of	
	Two Bros. Re	ntal Mainter	nance	
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address			
	iLLusions LLC	156 Short	Ave.	
	W 77058 Sh		helley, ID	
		83274		
3.	The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction			
	✓ Services		Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4.	The name and address to which future correspondence should be addressed: LLusions LLC		Secretary of State 450 North 4th Street PO Box 83720	
	156 Short Ave.		Boise ID 83720-0080 208 334-2301	
	Shelley, ID 83274			
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
			Secretary of State use only	
igna	ature: Misuraton			
Printed Name: John Burton Capacity/Title: Owner			0141291	
·	ature:		IDANO SECRETARY OF STATE	
rinted Name:			08/09/2010 05:00 CK: 134 CT: 158010 BH: 1233910 1 8 25.00 = 25.00 ASSUM NAME # 2	
Panasitu/Titlo:				