

CERTIFICATE OF ASSUMED BUSINESS NAMEFILED EFFECTIVE

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

07 DEC 19 PM 4: 05

Please type or print legibly.

NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

	Office of the control
The assumed business name which the undersign business is: MUSTATES GILL	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name: Name VCICOID. (C172205)	Complete Address 673 W. BANWON DIVE MENDIAN, IOONO 93646
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed:	
MCIOON, IODNO B3646 5. Name and address for this acknowledgment copy is (if other than #4 above):	(208) 334-2301
	Secretary of State use only
Signature: Printed Name: Printed Name: Printed Name: Capacity/Title: (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 12/20/2007 05:200 CK: 1388313 CT: 172099 BH: 109073 1 8 25.60 = 25.60 ASSUM NAME #