

FILED EFFECTIVE

227



Printed Name: _

^!__ _ -

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2018 FEB 23 AM 10: 03 SECRETARY OF STATE STATE OF IDAMO

Precision Expressions The individual and/or entity	names and business add	lress(es) of those	doing business und	der
the assumed business nam	ne (do <u>not</u> include the name y	ou listed in #1):		
David Trent Buckmaster	3667 E. Elswood Dr., Idaho Falls, ID 83401			
(Name)	(Address)			
Michael J. Goodson	945 Winona Dr., Idaho Falls, ID 83401			
(Name)	(Address)			
(Name)	(Address)		,	
(Name)	(Address)			
☐ Wholesale Trade☒ Services	☐ Agriculture ☑ Manufacturing		Insurance, and Re	
Mailing address for future of	correspondence:	 Name and add copy is (if other the 	ress for this acknov in#4):	vledgmen
Michael J. Goodson		(Name)		
945 Winona Dr.				
(Address)		(Address)		'
Idaho Falls, ID 83401	State) (Zipcode)	(City)	(State)	(Zipcode
rinted Name: D. Trent Buckmaster		Secretary of State use only		
and the same of th		TOWN SHAPPETON AND STREET		
Printed Name: Michael J. Goodson		1DAHO SECRETARY OF STATE 02/23/2018 05:00		
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CK:16792968 CT:172099 BH:1628451 16 25.00 = 25.00 ASSUM NAME #2

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