

Capacity/Title:_ Co - 0U~

Printed Name: <u>Hustin</u>
Capacity/Title: <u>Co-func</u>

Signature: ____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Na(1) 16 AM 9: 09

Please type or print legibly.

Instructions are included on back of application.

SECRETARY OF STATE

 The true name(s) and <u>business</u> address(es) of business under the assumed business name. 	of the entity or individual(s) doing
Name	Complete Address
Kelecca Hays	33 E Congar-Crack Drive Median, ID &
Hustin Hays	Same as above
3. The general type of business transacted unde	er the assumed business name is: and Public Utilities
Wholesale Trade Construction	
Services	
☐ Manufacturing ☐ Mining	Submit Certificate of Assumed Business
☐ Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
I. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Becky Bakes Box	PO Box 83720 Boise ID 83720-0080
1233 E Conger Grack Driv	208 334-2301
Megidian, ID B3646	
 Name and address for this acknowledgment copy is (if other than # 4 above): 	· · · · · · · · · · · · · · · · · · ·
Top in one hair # 4 above).	

IDAHO SECRETARY OF STATE
11/16/2012 05:00
CK: 2877 CT: 158010 BH: 1347948
1 0 25.00 = 25.00 ASSUM MANE # 2

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