

Capacity/Title:\_\_\_

## 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

11 SEP -2 AM 9: 42

STATE OF IDAHO

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

business is:	the undersigned use(s) in the transaction of
The true name(s) and <u>business</u> address under the assumed busines     Name     Brent Johns	ress(es) of the entity or individual(s) doing ss name: <u>Complete Address</u> 1577 N. Linder Rd., Ste 143 Kuna, Idaho 83634
_ · · · · · · · · · · · · · · · · · · ·	ture Submit Certificate of Assumed Business
<ul> <li>The name and address to which futured correspondence should be addressed Eco-Reef, Killer Web Design</li> <li>1577 N. Linder Rd., Ste 143</li> <li>Kuna, Idaho 83634</li> </ul>	Secretary or State
5. Name and address for this acknowle copy is (if other than # 4 above):	dgment
Signature:	Secretary of State use only
Printed Name: Brent Johns	
Capacity/Title: Owner V	TRAUM CEPOCTADY OF CYATE
Signature:	IDAHO SECRETARY OF STATE  99/02/2011 05:00  CV. COCH. CT. 158010 BH. 128019
Printed Name:	CK: CASH CT: 158010 BH: 1288919 1 @ 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010

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