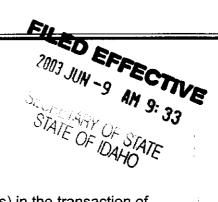


(see instruction # 8 on back of form)

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

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

Please type or print legibly. NOTE: See instructions on reverse before filing.



business is:  Rout West Trading	
2. The true name(s) and business address(es business under the assumed business nam Name  Ron Gamble  Kobyn Gamble	
3. The general type of business transacted un  Retail Trade Transportation  Wholesale Trade Construction  Services Agriculture  Manufacturing Mining  Finance, Insurance, and Real Estate	and Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Same last sales to 1918 N 3400 W  Malad, Id 83252	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301  Phone number (optional):
Name and address for this acknowledgme copy is (if other than # 4 above):	Secretary of State use only
Signature: Abyn (signature required)  Printed Name: Robyn Gamble  Capacity/Title: Partner	IDAHO SECRETARY OF STATE  ### Company

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