		IFICATE O		FILED EFF	ECTIVE	
	Pursuant to Section 5	-	-	ned		
	submits for filing a ce	rtificate of Assumed			M-9=16	
Please type or print legibly. NOTE: See instructions on reverse before				ling. SECRETARY OF STATE STATE OF IDAHO		
	issumed business n ess is:		ndersigned ssFit Star	use(s) in the transac	tion of	
2. The t	rue name(s) and bu	siness address(e	s) of the en	ntity or individual(s) d	oina	
	ess under the assur					
	Name		Complete Address			
	VC Enterprises, LLC		10	10712 W. Merab Ct, Star ID 83669		
<u></u>	<u>W907</u>	75	—	•		
<u></u>				· ·		
4. The n corres <u>Trina</u> <u>P.O.</u> <u>Eagle</u> 5. Nam	Retail Trade Wholesale Trade Services Manufacturing Finance, Insurance ame and address to spondence should b a K Reyes Box 1745 e ID 83616 e and address for th iS (# other than # 4 above).) which future e addressed: 		ic Utilities Submit Certificate of Assumed Business Name and \$25.00 fr Idaho Secretary of Str 450 N 4th Street PO Box 83720 Boise 1D 83720-0080 (208) 334-2301	ee to:	
4	· ·		ſ <u></u>			
	e de la companya de			Secretary of State	use only	
ignature:			g'teorphermistation formatiatur, p66 Rawleed OA/2003	IDAHO (04/02) CK: 1873 C 1 8 25 94 5	ECRETARY OF STATE 2010 05:00 : 158818 BH: 1216848 25 80 ASSUM NAME A	
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