FILED EFFECTIVE



CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 MAY -8 AM 10: 30

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the undersigned use(s) in the transaction of business is:	
2. The true name(s) and <u>business</u> address(es) business under the assumed business nam Name Kenn Cracolice	
3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 310 white fock way Only TO 83641	Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgmen copy is (if other than # 4 above):	nt .
Signature: hm um	Secretary of State use only
Printed Name: Keun Cracolice Capacity/Title: OWNEY Signature:	IDAHO SECRETARY OF STATE 05/08/2015 05:00 CK:2821472 CT:172099 BH:1474620 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:	
Capacity/Title:	N 120000

abn.pmd Rev. 07/2010

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