

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2014 JUL -9 AM* 8: 49

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

The true name(s) and <u>business</u> address under the assumed business	s name:
<u>Name</u>	Complete Address
Christopher D Higley	859 Lawerence Ave. Twin Falls, ID 83301
Timothy R Higley	1040 Plane view dr. Twin Falls, ID 83301
	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed Christopher D Higley 859 Lawerene Ave. Twin Falls, ID 83301	Secretary of State
5. Name and address for this acknowled copy is (if other than # 4 above):	dgment
ignature: Win Higher	Secretary of State use only IDAHO SECRETARY OF STATE
rinted Name: Chris Higley apacity/Title: Partner	O7/09/2014 05:00 CK:1614 CT:298815 BH:1433 16 25.00 = 25.00 ASSUM NAM

D172440

Signature: ___

Printed Name: Tim Higley

Capacity/Title: Partner