

Capacity/Title:

## 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.

2013 OCT -7 PM 1: 26

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

SECRETARY OF STATE STATE OF IDAHO

1)166250

1. The assumed business name which the business is:	undersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address( business under the assumed business not have  Name  John Cook	
3. The general type of business transacted  Retail Trade Transportati Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on and Public Utilities on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:    13     2     St Boise, TD	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
Signature:  Printed Name: John Cook	Secretary of State use only
Capacity/Title: Owner	TRANS SCARFIANT OF STATE
Signature:	- IDAHO SECRETARY OF STATE 19/98/2013 05:00  CV- COSH CT- 154818 384: 1393123
Printed Name:	1 9 25.00 = 25.00 ASSUM NAME # 2

abn.pmd Rev. 07/2010