

Printed Name: _

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

10 AUG 18 AM 8: 34

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. SECRED BY OF STATE Please type or print legibly. STATE OF IDAHO Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Nistributina 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Name Complete Address ohnna Barnes 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Wholesale Trade Construction Agriculture Services Submit Certificate of Manufacturing Mining **Assumed Business** Finance, Insurance, and Real Estate Name and \$25.00 fee to: 4. The name and address to which future Secretary of State correspondence should be addressed: 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301 5. Name and address for this acknowledgment CODY IS (if other than # 4 above): Secretary of State use only Signature Printed Name: \ Capacity/Title:___ Signature: _

IDAHO SECRETARY OF STATE 08/18/2010 05:00 CK: 4136 CT: 158010 BH: 1235262 8 25.00 = 25.00 ASSUM NAME #

25.00 ASSUM NAME # 2