FILED EFFECTIVE



Signature: Delna

Printed Name: _____

Signature:

Signature:

Printed Name:

CERTIFICATE OF ASSUMED BUSINESS NAME

THE			D BUSINESS N 1, Part 8, Idaho Code.	NAME	SECRETARY OF STATE	54
1.	The assume		e which the undersign	· •	insaction of business 6.	
2.	the assume	ed business nam	e (do <u>not</u> include the name	e you listed in #1):	-	
	(Name)		(Address)			
	(Name)		(Address)			
	(Name)	<u></u>	(Address)			
3.	The genera	d type of busines	s transacted under the	e assumed busines	s name is:	
	Retail 7	Frade sale Trade	Construction Agriculture Manufacturing	☐ Transpo	ortation and Public Utilities	ıte
4.	_	lress for future co	•	5. Name and add copy is (if other the	e doing business under Idako 83455 es name is: ortation and Public Utilities e, Insurance, and Real Estatedress for this acknowledgme	ent
	LOPE W (Name) 2-1 Co (Address)	loff Service rdren Road Ida		(Name) (Address)		
	(City)		ate) (Zipcode)	(City)		ode)
75	inted Name:	Deb He	LING COL	Se	cretary of State use only	

IDAHO SECRETARY OF STATE 11/23/2016 05:00

CK: 32014 CT: 331562 BH: 1556635 10 25.00 = 25.00 ASSUM NAME #2

Rev. 08/2015