

Signature:__

CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2016 AUG -4 AM 9: 05

SECRETARY OF STATE STATE OF IDAHO

1.	The assumed business name SOMMER & ASSOCIATES	•	ed use(s) in the transaction of business is:
2.		ames and business address(es) of those doing business under (do not include the name you listed in #1): 3459 W SAND WEDGE STREET MERIDIAN ID 83646	
	(Name)	(Address)	
 3. 4. 	3. The general type of business transacted under the assumed business name is:		
	Sommer Associates / Chr (Name) 3459 W Sand Wedge Street (Address) Meridian ID 83646 (City) (Sta		COPY İS (if other than # 4): (Name) (Address) (City) (State) (Zipcode)
Printed Name: CHRISTOPHER T SOMMER Signature:			Secretary of State use only
Printed Name:			IDAHO SECRETARY OF STATE 08/04/2016 05:00 CK:5288 CT:274211 BH:1540488 16 25:00 = 25:00 ASSUM NAME #2
Printed Name:			D188341

Rev. 08/2015



July 30 2016

Dear Idaho Office of Secretary of State,

We authorize you to issue a duplicate assumed business name for Sommer & Associates within the state of Idaho.

Sincerely,

John Carter
Vice President