

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

STATE OF IDAHO

NOTE: See instructions on reverse perote mass	- OF IDAHO"
The assumed business name which the undersign	ture (c) in the transaction of
husiness name which the undersign	ned use(s) in the new
1. The assumed business was	
business is:	
business is: Savings	
	e entity or individual(s) doing
2. The true name(s) and <u>business</u> address(es) of the	
 The true name(s) and <u>business</u> under the assumed business name: 	Complete Address
Name	Complete Address 1 E Kingsford Dr. Meridian 70 9366
13/0.iv 68/	F (Ingstora IV)
Darla Elia.	
	Company of the Compan
3. The general type of business transacted under t	the assumed business name is:
2. The general type of business transacted under the	
3. The general GPP 3. Transportation and	J Public Utilities 공 구 고 그
	He assumed business name is. Public Utilities Public Utilities
Constituction	Woodificate of
Services Agriculture	Submit Certificate of
Services	Assumed Business Name and \$25.00 fee to:
	Name and \$25.00 is
Finance, Insurance, and Real Estate	Secretary of State
4. The name and address to which future	700 West Jefferson
The name and address to which correspondence should be addressed:	Basement West
correspondence should be dealer	PO Box 83720
Dayla Blair	Boise ID 83720-0080
187 E Kingsford Dr	208 334-2301
INIEM OCIONIS	Phone number (optional):
5. Name and address for this acknowledgment	t Hono was
5. Name and address for the	
copy is (if other than # 4 above).	
	Secretary of State use only
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1 halast Stark	IDAHO SECRETARY OF STATE
Signature: (signature requiree)	67/28/15 RH: 693277
$1/n a/n t \leq 1/a/r$	1 9 25.99 = 25.99 ASSUM NAME # 2
Printed Name: ARIA 1	18° NI 7/17N
Capacity/Title:	1)419
(see instruction #8 on back of form)	