

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2015 MAR 26 AM 9: 18

SECRETARY OF STATE STATE OF IDAHO

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

business is: Westside Oriv	re-In
2. The true name(s) and <u>business</u> address business under the assumed business in Name RILA Business Concepts, Inc. (C113251)	name: Complete Address
3. The general type of business transacted Retail Trade Transporta Wholesale Trade Constructi Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 1929 W. State Street Boise Ld 83702	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgr copy is (if other than # 4 above):	ment
	_ Secretary of State use only
Signature: Jaw J. Uaw Printed Name: Louis F. Agran Capacity/Title: President	

03/26/2015 05:00 CK:18174 CT:73199 BH:1467956 16 25.00 = 25.00 ASSUM NAME #2

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Signature: _

Printed Name: Revers. Auron

Capacity/Title: Secretary/CFO