

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name 15 SEP 26 6:59

Please type or print legibly. NOTE: See instructions on reverse before filing.

(see instruction # 8 on back of form)

| | Staffier Ball |
|--|--|
| 1. The assumed business name which | the undersigned use(s) in the transaction of |
| business is: | • |
| Vision L | unovations |
| | 71110101101 |
| 2. The true name(s) and business addr | ess(es) of the entity or individual(s) doing |
| business under the assumed busines | ss name: |
| <u>Name</u> | Complete Address |
| Greg Morgan | 1063 PACIFIC ST, IDAHO FALLS, ID |
| | 83404 |
| | |
| | |
| 3 The general type of husiness transac | eted under the assumed business name is: |
| o. The general type of business transact | ned dider the assumed business flame is. |
| Retail Trade Transpo | ortation and Public Utilities |
| ☐ Wholesale Trade ☐ Constru | |
| Services Agricult | ture |
| ✓ Manufacturing ☐ Mining | Submit Certificate of Assumed Business |
| | Nome and \$25.00 feets |
| | Estate Name and \$20.00 fee to. |
| 4. The name and address to which future | re Secretary of State |
| correspondence should be addressed | |
| 1062 PARITIE | Basement West |
| 1063 PACIFIC | PO Box 83720 Boise ID 83720-0080 |
| IDAHO FALLS | 208 334-2301 |
| 10AHO 83404 | |
| 5. Name and address for this acknowle | edgment Phone number (optional): |
| COPy IS (if other than # 4 above): | 208-521-5870 |
| | |
| | Secretary of State use only |
| | |
| | |
| ignature: King Mony | 19 |
| (signifiture required) | 표현 IDAHO SECRETARY OF STATE |
| rinted Name: <u>Greq Morgan</u> | IDAHO SECRETARY OF STATE 99/28/2005 05:00 CK: 7991 CT: 158010 BH: 913969 |
| apacity/Title: Owner | IDAHO SECRETARY OF STATE 99/28/2005 05:00 CK: 7991 CT: 158010 BH: 913969 1 6 25.00 = 25.00 ASSUM NAME # |
| (see instruction # 8 on back of form) | D92106 |