

FILED EFFECTIVE

CERTIFICATE OF

2013 MAY 15 PM 2: 58

ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idano Code, the undersigned submits for filling a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

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

2. The true name(s) and business business under the assumed bu	dress(es) of the entity or individual(s) doing		
Name	Complete Address		
Jason Bowlby	400 6th Street, Potlatch, ID 83	855	
3. The general type of business tra	eacted under the assumed business name is:		
		ſ	
	sportation and Public Utilities		
	struction culture		
☐ Manufacturing ☐ Mi	Submit Certificate of	-	
	Manage and the one and	ŀ	
Finance, Insurance, and F	al Estate	1	
4. The name and address to which	and the second s	- 1	
correspondence should be addr			
Jason Bowlby	Basement West	-	
	PO Box 83720 Boise ID 83720-0080		
400 6th Street	208 334-2301	1	
Pollatch, ID 83855			
5. Name and address for this ack	wledgment Phone number (optional):		
CODY is (if other than # 4 above).	208-596-8241		
Legalzoom.com, Inc. c/o Karla Figu	a		
101 N. Brand Blvd., 10th Floor	Secretary of State use of	Secretary of State use only	
Glendale, CA 91203			
1 4-			
gnature: X	8		
(signature required)	givoriptioninistation formulation.pg		
inted Name: Jason Bowlby			
_	12 (1		
apacity/Title: Owner			

IDAHO SECRETARY OF STATE 45/15/2013 65:00 CK: 1401109 CT: 172099 BH: 1374019 1 9 25.00 = 25.00 ASSUM NAME # 2

