

CERTIFICATE OF ASSUMED BUSINESS NAME

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

2013 AUG 21 AM 9: 06

SECRETARY OF STATE STATE OF IDAHO

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

<u>Name</u>	Complete Address
Derik Davenport	134 E 2nd S Rexburg, ID 83440
	I under the assumed business name is: tion and Public Utilities
Retail Trade Transporta	
Services Agriculture	
☐ Manufacturing ☐ Mining ☐ Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Derik Davenport	PO Box 83720 Boise ID 83720-0080
P.O. Box 722 Rexburg, ID 83440	208 334-2301
Name and address for this acknowledgr	ment
CODV is (if other than # 4 above):	HOTE

IDAHO SECRETARY OF STATE

08/21/2013 05:00

CK: 591 CT: 286669 BH: 1386944

1 8 25.00 = 25.00 ASSUM NAME # 2

D165286

abn.pmd Rev. 07/2010

Capacity/Title: Owner

Printed Name: __ Capacity/Title: __

Signature: