

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filling a certificate of Assumed Business Name. | SEP 29 AM 8: 54

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

SECRETARY OF STATE

Capacity/Title: 1 ca swer / Secret

mondations are meladed on back of ap	STATE OF IDATE
The assumed business name which the ubusiness is: BNI Eagle Alliand	
2. The true name(s) and <u>business</u> address(e business under the assumed business na <u>Name</u> Kristin Coto	
3. The general type of business transacted to Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: 3327 N. Eagle Rd STE I Eagle ID 83616	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above):	ent
	Secretary of State use only
Printed Name: Kristin Cota Capacity/Title: Vicasurer Signature: Aristin L. Cota	IDAHO SECRETARY OF STATE 99/29/2011 95:06 CK: 6090058 CT: 26527 BH: 1292351 1 0 25.00 = 25.00 ASSUM NAME # 2
I filled Name. With 101 (A. C. CO)	