

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2016 JUL 21 AM 9: 02

D188033

1 The accumed busin		SECRETARY OF STATE gned use(s) in the Ofatisappon of business is:
• •	less name which the undersit	jned use(s) in the unansappon of business is:
	<u>OSD</u>	
2. The individual and/o	or entity names and business ess name (do <u>not</u> include the nar	address(es) of those doing business under me you listed in #1):
Orisis Seibo		Blackfort, Id. 83221
(Name)	(Address)	
(Name)	(Address)	
(Name)	(Address)	
3. The general type of	business transacted under th	ne assumed business name is:
Retail Trade Wholesale Trad Services		☐ Transportation and Public Utilities ☐ Mining
☐ Services	Manufacturing	Finance, Insurance, and Real Estate
4. Mailing address for	future correspondence:	Name and address for this acknowledgment copy is (if other than #4):
(Name) Seiber	torn osp	(Name)
(Address)		(Address)
Pretells (City)	Td. \$3221 (State) (Zipcode)	(City) (State) (Zipcode)
Printed Name: Oris	is Seibert	Secretary of State use only
Signature: Out		
Printed Name:		IDAHO SECRETARY OF STATE 07/21/2016 05:00
Signature:		CK:23520738881 CT:158010 BH:1538555 16 25.00 = 25.00 ASSUM NAME #2
Printed Name:		