

Capacity/Title:

9/21/2012

CERTIFICATE OF ASSUMED BUSINESS NAME

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

Please type or print legibly.

Instructions are included on back of application.



1)162435

	,0
1. The assumed business name which the un	dersigned use(s) in the transaction of
business is:	1 1/00/10
- Flagerouge munio	<u>1411 W 1</u>
2. The true name(s) and business address(es) of the entity or individual(s) doing
business under the assumed business nam	
Name Olovia S. Mada	Complete Address
UNIS S. HOUCE	1678 W. WINOSOY HVE
	COLLY O'HIENC I'S 83815
3. The general type of business transacted ur	der the assumed business name is:
Retail Trade Transportation	and Public Utilities
Wholesale Trade Construction	
Services	
Manufacturing Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Chris Hoage	PO Box 83720 Boise ID 83720-0080
1678-W. WINDSOY FILL	208 334-2301
COUNCYHENG TO 82812	
5. Name and address for this acknowledgmer	nt
CODY is (if other than # 4 above):	
- 1	
	Secretary of State use only
Signature: Olstophyl Hose	Coursell, or date and only
Printed Name: Christopher S Hodge	
Capacity/Title: Owner	
	IDAHO SECRETARY OF STATE
Signature:	04/10/2013 05:00 CK: 2026 CT: 281714 BH: 1368732
Printed Name:	1 @ 25.00 = 25.00 ASSUM WAME # 2

abn.pmd Rev. 07/2010