227

**FILED EFFECTIVE**

# CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.
Filing fee: $25.00.

2015 OCT -5 AM 11:47
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

   EXPO EXXON

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

| (Name) | (Address) |
|---|---|
| LOVEJYOT PAL SINGH | 4100 W EXPO PARKWAY, POST FALLS, ID 83854 |
| HIMANI SHARMA | 4100 W EXPO PARKWAY, POST FALLS, ID 83854 |
| | |
| | |

3. The general type of business transacted under the assumed business name is:

- [x] Retail Trade
- [ ] Wholesale Trade
- [ ] Services
- [ ] Construction
- [ ] Agriculture
- [ ] Manufacturing
- [ ] Transportation and Public Utilities
- [ ] Mining
- [ ] Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

   EXPO EXXON
   (Name)
   4100 W EXPO PARKWAY AVE
   (Address)
   POST FALLS, ID 83854
   (City) (State) (Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

   (Name)
   (Address)
   (City) (State) (Zipcode)

Printed Name: LOVEJYOT PAL SINGH

Signature:

Printed Name: HIMANI SHARMA

Signature:

Printed Name:

Signature:

Rev. 08/2015

**Secretary of State use only**

IDAHO SECRETARY OF STATE
10/05/2015 05:00
CK:12204283 CT:315295 BH:1494945
1@ 25.00 = 25.00 ASSUM NAME #2

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