



# 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):

LOVEJYOT PAL SINGH 4100 W EXPO PARKWAY, POST FALLS, ID 83854

(Name)

(Address)

HIMANI SHARMA 4100 W EXPO PARKWAY, POST FALLS, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

☒ 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: \_\_\_\_\_

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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