

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

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

2015FEB 23 AN ID: 22

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

SECRETARY OF STATE STATE OF IDAHO

	address(es) of the entity or individual(s) doing
business under the assumed bu Name	usiness name: <u>Complete Address</u>
Coleen Nickeson	618 Bryden Avenue, Ste C #126
	Lewiston, ID 83501
Wholesale Trade Co Services Ag Manufacturing Mi Finance, Insurance, and F The name and address to which correspondence should be address	h future Secretary of State ressed: 450 North 4th Street
Coleen Nickeson	PO Box 83720 Boise ID 83720-0080
618 Bryden Avenue Ste C #126	
Lewiston ID 83501 5. Name and address for this ackr copy is (if other than # 4 above):	nowledgment
nature Steen Nickeson	Secretary of State use only
nature(<u>) Mana & Jackelson</u> nted Name: ^{Coleen} Nickeson	1DAHO SECRETARY OF STATE 02/23/2015 05:0

02/23/2015 05:00

CK: 22631826835 CT: 158010 BH: 1463037 1@ 25.00 = 25.00 ASSUM NAME #2

D176977

Capacity/Title: Owner

Signature: ___

Printed Name:

Capacity/Title: