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## **CERTIFICATE OF ASSUMED BUSINESS NAME**

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The assumed busin     Apex	ess name which the undersig	ned use(s) in the transaction of b		is:
	or entity names and business ess name (do not include the nam	address(es) of those doing busir	iess und	er
Eric S. Moore	P.O. Box 507	Gooding	ID	83330
(Name)	(Addrėsa)	(Cliy)	(State)	(Zipcixle)
(Name)	(Address)	(City)	(State)	(Zipcode)
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⊠ Services 4. Mailing address for t	Manufacturing future correspondence:	<ul><li>Finance, Insurance,</li><li>Name and address for this copy is (Nother than #4):</li></ul>		
Eric S. Moore				
Name) P.O. Box 507		(Name)		
Addreas)		(Address)		
Gooding (City)	ID 83330 (State) (Zipcode)	(City) (S	iale)	(Zipcode)
Printed Name: Eric S. Moore		Secretary of State use only		
Printed Name;				
Signature:		IDAHO SECRETARY OF STATE 08/28/2015 05:00		
rinted Name:		CK:3158530 CT:172099 BH:14900 10 25.00 = 25.00 ASSUM NAME #		
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