

Capacity/Title: __

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.

2015 OCT -9 AM 8: 49

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

STATE OF IDAHO

	- S. IDANO
The assumed business name which the und business is: AKAW	dersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) business under the assumed business name Name SOUD POK UC W29070	
3. The general type of business transacted und Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	der the assumed business name is: and Public Utilities Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: At A W PO BOX 427 Cal Jwll 12 851000	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	t .
Signature:	Secretary of State use only
Printed Name: TRANA G MEARY Capacity/Title: OWNER	IDAHO SECRETARY OF STATE 10/09/2015 05:00 CK:3274322 CT:172899 BH:1495677 10 25:00 = 25:00 ASSUM NAME #2
Signature:	
Printed Name:	D 181919
	1 2) 101 111

abn.pmd Rev. 07/2010