

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE 2014 JUL 18 AM 8: 47

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

SECRETARY OF STATE STATE OF IDAYO

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

2. The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing	
business under the assumed business Name	name: <u>Complete Address</u>
Raymond C. Scott	450 E. Sand Wedge Dr., Post Falls, Idaho 83854
The general type of business transacters. Retail Trade Transport. Wholesale Trade Construct. Services Agricultur. Manufacturing Mining Finance, Insurance, and Real Es	ation and Public Utilities tion re Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Raymond C. Scott 450 E. Sand Wedge Dr.	Secretary of State
Post Falls, Idaho 83854 5. Name and address for this acknowledge copy is (if other than # 4 above):	gment
natura: Raymon of R Sant	Secretary of State use only
ted Name: Raymond C. Scott acity/Title: Owner acture: Raymond C. Scott	

D172636

Printed Name: _

Capacity/Title:___