

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 APR -3 PM 3: 27

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

SECRETARY OF STATE STATE OF IDAHO

 The assumed business name which the business is: 	undersigned use(s) in the transaction of
CHRISTIAN BUSINESS	5 4/1
2. The true name(s) and <u>business</u> address(business under the assumed business n Name SHAWN HAMMONN	
3. The general type of business transacted Retail Trade Transportate Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	stion and Public Utilities On Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: SHAWN HAMMONN F. O. BOX 1359 WELTOTAN TV: \$3680	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent
	Secretary of State use only
Printed Name: SHAWU HAMMOUND Capacity/Title: DWWER Signature:	DAHO SECRETARY OF STATE 04/03/2015 05:00 CK:CASH CT:266845 BH:146937 16 25:00 = 25:00 ASSUM NAME
Printed Name:	- D170NG

1)178065