

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. 2014 SEP 23 PM 12: 14

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

SECRETARY OF STATE STATE OF IDAHO

1. The assumed business name which the undersign business is:  Tirealer  Tirealer	ned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of the business under the assumed business name:  Name Hond  (W 14 3 380)	Complete Address  Carden Citt IIO  83714
3. The general type of business transacted under the Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	
4. The name and address to which future correspondence should be addressed:  20 E37-5+ Ste8  Farden City, ED	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):	
Signature: Que	Secretary of State use only  IDAHO SECRETARY OF STATE  09/23/2014 05:00  CK: 2237816 CT: 172099 BH: 144244  16 25:00 = 25:00 ASSUM NAME #4
Printed Name:	D172857

abn.pmd Rev. 07/2010