

Signature Som

Printed Name:

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 MAR -2 AM 10: 20

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

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(es) of t	
business under the assumed business name:	in and a management of about
<u>Name</u>	Complete Address
Donna M. Storer P	ORX 592
$\frac{1}{A}$	CO. Toloho
	82213
	2367/3
The general type of business transacted under t	he assumed business name is:
Retail Trade Transportation and	Public Utilities
☐ Wholesale Trade ☐ Construction	
Services Agriculture	
Manufacturing Mining	Submit Certificate of
Finance, Insurance, and Real Estate	Assumed Business
I mande, insurance, and iteal Estate	Name and \$25.00 fee to:
4. The name and address to which future	Secretary of State
correspondence should be addressed:	450 North 4th Street
Donna M. Stores	PO Box 83720
PO ROV 592	Boise ID 83720-0080
1500 Tolha 832/3	208 334-2301
Name and address for this palmouts to the	
5. Name and address for this acknowledgment	
COPY IS (if other than # 4 above);	
	Secretary of State use only
nature: Women W. Storm	•
	TRIVA SECRETARIA OR CO
nted Name: Donna M. Storer	1DAHO SECRETARY OF STATE 03/02/2015 05:00
pacity/Title: DIDNET	# 7745 FT - 180010 20-1868

03/02/2015 05:00 CK:7745 CT:158010 BH:1464169 16 25.00 = 25.00 ASSUM NAME #2

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