

Signature: _

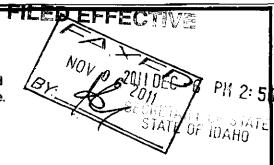
Printed Name: Autienne Flodin

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

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

<u>Please type or print legibly.</u> <u>Instructions are included on back of application.</u>



The true name(s) and <u>business</u> address(business under the assumed business na	es) of the entity o		
	ame:	r individual(s) doing	
<u>Name</u>	Complete Address		
Brad Flodin	115 W Chestnut	Genesee ID 83832	
Adrienne Flodin	115 W Chestnut	Genesee ID 83832	
Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta The name and address to which future correspondence should be addressed: Brad & Adrienne Flodin	Su As Na Se 45	Ities Ibmit Certificate of sumed Business ame and \$25.00 fee to: Incretary of State 0 North 4th Street 0 Box 83720 July 10 83720-0080	
340 W Chestnut		208 334-2301	
Genesee, ID 83832 Name and address for this acknowledgm copy is (if other than # 4 above):	nent		
ture: Satisfic	-7	Secretary of State use only	

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IDANO SECRETARY OF STATE
12/07/2011 05:00
CK: 847564 CT: 172099 BH: 1380658
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