

Capacity/Title: Owner

## CERTIFICATE OF ASSUMED BUSINESS NAME

## FILED EFFECTIVE

D151873

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

11 DEC 12 PM 1: 01

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

STATE OF IDAHO

The assumed business name which the unbusiness is:  ALAGO  PAI	
2. The true name(s) and <u>business</u> address(est business under the assumed business name Name    Stenn Walker   Lean GCM Luise	
3. The general type of business transacted up Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:    Signa Walkr   Signa LD 83687	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: // Walker  Printed Name: (Jen Walker  Capacity/Title: OWNER	Secretary of State use only  IDANO SECRETARY OF STATE
Printed Name: Leon ECKhaiser	12/12/2011 05:00 CK: CASH CT: 264913 BH: 1301373 1 0 25:00 = 25:00 ASSUM NAME # 2