

CERTIFICATE OF ASSUMED BUSINESS NAME

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

11 DEC -5 AM 9: 00

STATE OF IDAHO

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

2 The true name(s) and husiness addr	ress(es) of the entity or individual(s) doing
business under the assumed busines <u>Name</u>	ss name: <u>Complete Address</u>
(C189692)	PO Box 220, Star, ID 83669
Retail Trade Transpo	
☐ Services☐ Manufacturing☐ Mining☐ Finance, Insurance, and Real I	Submit Certificate of Assumed Business
4. The name and address to which futu correspondence should be addresse	ed: 450 North 4th Street PO Box 83720
PO Box 220 Star, ID 83669	Boise ID 83720-0080 — 208 334-2301
5. Name and address for this acknowle copy is (if other than # 4 above):	edgment
ignature: Say Johns L	Secretary of State use only
rinted Name: Gary Johnston	
apacity/Title: <u>President</u> gnature:	IDAHD SECRETARY OF STATE 12/06/2011 05:00 CX: CASH CT: 264698 BH: 138848
rinted Name:	1 8 25.00 = 25.00 ASSUM HANE I

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