



CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2013 NOV 29 AM 9:20

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 undersigned use(s) in the transaction of business is:

Skaynopoyos

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

Name

Complete Address

Casey Reynolds

1952 E 12th Ave Trlr 7, Post Falls, Idaho 83854

Cherilyn Reynolds

1952 E 12th Ave Trlr 7, Post Falls, Idaho 83854

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of
Assumed Business
Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

Casey Reynolds - Skaynopoyos

1952 E 12th Ave. Trlr 7

Post Falls, Idaho 83854

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: Casey Reynolds

Printed Name: Casey Reynolds

Capacity/Title: Sole Proprietor

Signature: Cherilyn Reynolds

Printed Name: Cherilyn Reynolds

Capacity/Title: Spouse of Casey Reynolds

Secretary of State use only

IDAHO SECRETARY OF STATE
11/29/2013 05:00
CK: 205317072796 CT: 150010 BH: 1399964
1 @ 25.00 = 25.00 ASSUM NAME # 2

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