

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.

2013 JAN -9 AM 9: 09

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY OF STATE STATE OF IDAHO

bea	ute' within
The true name(s) and business address(e business under the assumed business na Name	es) of the entity or individual(s) doing me: Complete Address 19 N 3167 E Idaho Falls, ID 83402
3. The general type of business transacted u Retail Trade Transportation Wholesale Trade Construction	on and Public Utilities
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: Apryl Mason	Secretary of State 700 West Jefferson Basement West PO Box 83720
19 N 3167 E Idaho Falls, ID 83402	Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	ent Phone number (optional): 208-589-1776
	Secretary of State use only
nature: (signature required) nted Name: Apryl Mason pacity/Title: Owner	1DAHO SECRETARY OF STATE 101/09/2013 05:00

1 8 25.00 = 25.80 ASSUM NAME # 2