

Signature:\_

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

## FILED EFFECTIVE

2017 JUL 17 PM 2: 20

SECRETARY OF STATE

|   | I lilitig 100. Wallious   | SIMIL OF IDEA.   |
|---|---|--|
| 1.  | The assumed business name which the undersigned use(s) in the transaction of business is:   |  |
|   | Southorn Saaho Full   | ications   |
|   |   | ·  |
| 2.  | <ol> <li>The individual and/or entity names and business address(es) of those doing business under<br/>the assumed business name (do not include the name you listed in #1):</li> </ol> |  |
|   | (Name) (Address)  |  |
|   |   |  |
|   | (Name) (Address) 3442<br>(Name) (Address)   | nd Aue North Twin Falls  |
|   | (Name) (Address)  |  |
|   |   |  |
| 3. The general type of business transacted under the assumed business |   | assumed business name is:  |
|   | Retail Trade Construction   | Transportation and Public Utilities                                |
|   | Wholesale Trade Agriculture   | Mining   |
|   | Services Manufacturing  | Finance, Insurance, and Real Estate                                |
|   |   |  |
| 4.  | Mailing address for future correspondence:  | 5. Name and address for this acknowledgment                        |
|   |   | copy is (if other than #4):  |
|   | Jammie Brownlow   | TAMMIE Brownlow  |
|   | 344 and Ave North   | 344 2nd Aug North  |
|   | (Address)   | (Address)  |
|   | Twin Falls ID 8330/   | Twin falls AD 8330/  |
|   | (City) (State) (Zipcode)  | (City) (State) (Zipcode)   |
|   |   |  |
| Printed Name: Trynwice Brownton                                       |   | Secretary of State use only  |
| Signature: This rule Drawn  |   |  |
|   |   | IDAHO SECRETARY OF STATE   |
| Printed Name:   |   | 07/17/2017 05:00   |
| Signature:  |   | CK:14018182 CT:172039 BH:1593948<br>10 25.00 = 25.00 ASSUM NAME #2 |
| Delinted Normal   |   |  |
| rillieu Nallie.   |   | D195846  |