

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 FEB 11 PM 4: 17

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

SECRETARY OF STATE STATE OF IDAHO

D 160924

Printed Name: Capacity/Title:	1 9 25.00 = 25.80 ASSUM NAME # 2
Signature:	IDAHO SECRETARY OF STATE @2/11/2013 @5:00 CK: 1283211 CT: 172099 BH: 1359796
Capacity/Title: Manager	
Printed Name: Rowe Sanderson IV	
	Secretary of State use only
5. Name and address for this acknowledgmen copy is (if other than # 4 above): ———————————————————————————————————	t
4. The name and address to which future correspondence should be addressed: Same as # Z.	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
	Submit Certificate of Assumed Business Name and \$25.00 fee to:
The general type of business transacted ur	nder the assumed business name is:
Flite Product Management Group, (W94527)	Complete Address LLC 1770 W. State St # 198 Boise, ID 83702
The true name(s) and <u>business</u> address(es business under the assumed business name).	s) of the entity or individual(s) doing
1. The assumed business name which the unbusiness is:	
1. The coordinate has been as a second	STATE OF IDAHO"

abn.pmd Rev. 07/2010