CERTIFICATE OF				
	ASSUMED BUSINESS NAME Pursuant to Section 53-504, Idaho Code, the undersigned		d	
Submits for ming a certificate or Assumed business mame.			e. 2014 JAN 24 AM 9:11	
Please type or print legibly. Instructions are included on back of application.				
			$\sum_{i=1}^{n} a_i - b_i ^2 = \sum_{i=1}^{n} a_i - b_i ^2 = $	
 The assumed business name which the undersigned use(s) in the transaction of business is: 				
Big Red Vending				
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				
lan			1608 N. Quail Run Blvd, Post Falls ID 83854	
Amanda DeLand			1608 N. Quail Run Blvd, Post Falls ID 83854	
3. The general type of business transacted under the assumed business name is:				
✓ Retail Trade Transportation and Public Utilities				
Wholesale Trade Construction				
	Services Agriculture	F		
	Manufacturing Mining		Submit Certificate of Assumed Business	
	Finance, Insurance, and Real Estate	e	Name and \$25.00 fee to:	
4. The name and address to which future			Secretary of State	
correspondence should be addressed:			450 North 4th Street	
•	DeLand		PO Box 83720 Boise ID 83720-0080	
	Box 2103 It Falls, ID 83854		208 334-2301	
5. Name and address for this acknowledgment				
COPY IS (if other than # 4 above).				
			Secretary of State use only	
Signature: M. S. S. M.				
Printed Name: lan DeLand				
	itle: Owner/Operator		IDAHO SECRETARY OF STATE 01/24/2014 05:00	
	<u> </u>		CK: 1876 CT: 292123 BH: 1487487 1 8 25.00 = 25.00 ASSUM WANE # 2	
	me:			
Capacity/T	itle:	.	D168392	
9/21/2012 abc.pmd Rev. 07/2010				