

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

2017 JUL -6 AM 8=44

1. The assumed business name which the	SECRETARY OF STATE he undersigned use(s) in the transaction of officers of the state of the stat
11/11) (0/1)	riche rio go
2. The individual and/or entity names an the assumed business name (do <u>not</u> in Auna (do not)	ad business address(es) of those doing business under an annual state of the name you listed in #1): and Anta 2007 Show Lane
(Name) (Adliress)	TIMIN FAILS PD 82201
(Name) (Address)	
(Name) (Address)	
(Name) (Address)	
☐ Retail Trade ☐ Wholesale Trade ☐ Ag	ted under the assumed business name is: onstruction
4. Mailing address for future correspondent of the Construction (Name) 2067 Sherry Ln (Address) Twin Falls In (State)	copy is (if other than # 4):
Printed Name: Agrillino La	your Anta Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	07/06/2017 05:00 CK:17581612269 CT:342221 BH:1592309
Signature:	1@ 25.00 = 25.00 ASSUM NAME #2
Printed Name:	<u></u> <u>D195595</u>

Rev. 08/2015