

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

SECRETARY OF STATE

1.	The assumed business na	ame which the undersig	ned u	use(s) in the transaction of business is.	
2.	The individual and/or entity names and business address(es) of those doing business under the assumed business name (do <u>not</u> include the name you listed in #1):				
	MC-REYNOLD LLC	501 S MAIN, PIERCE, ID 83546			
	(Name) WILB 19	(Address)			
	(Name)	(Address)	<u></u>		
	(Name)	(Address)			
	(Name)	(Address)			
3.	The general type of business transacted under the assumed business name is:				
	☒ Retail Trade☒ Wholesale Trade☒ Services	Construction Agriculture Manufacturing	İ	Transportation and Public UtilitiesMiningFinance, Insurance, and Real Estate	
4.	Mailing address for future	correspondence:	5.	Name and address for this acknowledgment copy is (If other than # 4):	
	FABIAN MCFERON			FABIAN MCFERON	
	(Name) 443 CEDAR DRIVE			(Name) 443 CEDAR DRIVE	
	(Address)			(Address) PIERCE, ID 83546	
	PIERCE, ID 83546	(State) (Zipcode)		(City) (State) (Zipcode)	
Printed Name: FABIAN MCFERON				Secretary of State use only	
Sig	gnature Dak Yo	-ME Tion	_		
Pr	inted Name:				
	gnature:			12/20/2016 05:00	
Printed Name:				CK:120005057 CT:7915 BH:15601 16 25.00 = 25.00 ASSUM NAME	
Sig	gnature:				

Rev. 08/2015