| | CERTIFICATE OF ASSUM (Please type or print legibly. Se | IED BUS e instructions | s on reverse.) |
|--|---|---------------------------|---|
| To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name Art Up STATE | | | |
| 1. The assumed business name which the undersigned use(s) in the transaction of business is: | | | |
| | TaylorGIS (ONEWOLD) | | |
| 2. | The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | |
| | Name Co GINA MARIE WINSHALL 307 SWEET H | | plete Address = #3 Moscow Tovero 83843 |
| | | | |
| | | | |
| 3. | The general type of business transacted un- (mark only those that apply) | der the assur | ned business name is: |
| | ☐ Retail Trade ☐ Manufacturing ☐ Wholesale Trade ☐ Agriculture ☒ Services ☐ Construction | <u> </u> | nsportation and Public Utilities ance, Insurance, and Real Estate ing |
| 4. | The name and address to which future correspondence should be addressed: | hone number | (optional): 218-885-9072 |
| | GINA MARIE MINSHALL | | Submit Certificate of Assumed Business |
| | 307 SWEET AVE #3 | | Name and \$20.00 fee to: |
| _ | INUSCON, IN 83843 | | Secretary of State 700 West Jefferson |
| 5. | Name and address for this acknowledgmen copy is (if other than # 4 above): | ι | Basement West PO Box 83720 Boise ID 83720-0080 |
| | | | 208 334-2301 |
| | | 2/99 | Secretary of State use only |
| Cionat | Mus Marie Minstall | Revision 12/99 | IDAHO SECRETARY OF STATE |
| Signature: Lina Marie Mussiall Printed Name: GINA WARIE MUSSHALL 8 | | | 09/08/2000 09:00 CK: 4764 CT: 135751 BH: 347154 |
| Capacity: Sole Proprietor (see instruction # 8 on back of form) Capacity: Sole Proprietor (see instruction # 8 on back of form) | | | 1 @ 20.00 = 20.00 ASSUM NAME # 2 |
| (see instruction # 8 on back of form) | | | |

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