CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 APR - 7 PM 12: 50
SECRETARY OF STATE
STATE OF IDAHO

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Pie	structions on revers	e before filir	ıg.		
			ad 114	se(s) in the transaction of	H
1 The assumed bu	siness name which	the undersig	jnea u	Se(s) in the transfer	
1. The assumed by					il
business is:		I W			
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*				n in the allah daing	11
	and husiness add	ress(es) of t	he enti	ty or individual(s) doing	li li
2. The true name(s	the appumed husine	ess name:			l\
business under the assumed business name:				Complete Address	AL 1
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				935 H. W. W.	~ ~
		-	^	Complete Address 935 H. Windle Eagle, 11 B36	16
reasse	Vailey May	1755 L		3	ł\
1	W30306)				I
0.1	a of business trans	acted under	the as	sumed business name is.	
The general type	e of pusiness trans-	G 5 1 5 1		sumed business name is:	
	[] Trong	portation an	d Publi	ic Utilities	1
Retail Tra	1UC L		.		ļ
. Wholesa		truction	-		1 1
T /		culture	1	Submit Certificate of	1 1
X Services	-		1	Assumed Business	1
Manufac	turing 🔲 Minir	ng		Name and \$25.00 fee to:	
	, Insurance, and Rea	al Estate		(valino arra y	
				Idaho Secretary of State	
4 The name and	address to which for	uture		450 N 4th Street	
4. The hame and	ce should be addres	ssed:		PO Box 83720	
correspondent	CE SHOULD BO GOVE	1		Boise ID 83720-0080	
- Mal	es Makel	l		1	
	<u> </u>	- Jd .		(208) 334-2301	
435	H. WINDY	in r			
	le, 1d B	3616			
<u> </u>	16, 100				
- N and s	ddress for this ackn	owledgment	t		
5. Name and a	Addieso to any	-			
copy IS (if other	er than # 4 above):				
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Signature:	(cianada required)		4/200		
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Capacity/Title:_//	nuiver		16	1 6 60:00	
(see ins	truction # 8 on back of form)			$\tilde{\mathcal{L}}$	120677
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