

Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVI

11 OCT 17 AM 9: 19

SECREMAY OF STATE STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

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2. The true name(s) and <u>business</u> address(business under the assumed business no <u>Name</u> elizabeth briggeman	• • • • • • • • • • • • • • • • • • • •
B. The general type of business transacted Retail Trade Transportati Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	on and Public Utilities Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: elizabeth briggeman po box 1205 ketchum, kd 83340	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above).	nent
	Secretary of State use only
nature:elizabeth briggernan	-
pacity/Title:_president/ceo	-
gnature:	-
inted Name:	TDANN SECRETARY OF STOTE

10/18/2011 05:00 CK: 1263 CT: 158010 RH: 1294592 1 25.00 = 25.00 ASSUM NAME # 2