

CERTIFICATE OF ASSUMED BUSINESS NAME

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

FILED EFFECTIVE

2014 JUL 30 AM 9: 0h

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

SECRETARY OF STATE
STATE OF ICAHO

| business is: Peninsula Oxide | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| The true name(s) and <u>business</u> address(es business under the assumed business nam | |
| <u>Name</u> | Complete Address |
| Wade H. Cohenour | 161 Vermont Ave |
| | Two Falls ID 83301 |
| 3. The general type of business transacted un | nder the assumed business name is: |
| ☐ Retail Trade ☐ Transportation☐ Wholesale Trade ☐ Construction | n and Public Utilities |
| Services Agriculture | |
| ☐ Manufacturing ☐ Mining | Submit Certificate of |
| Finance, Insurance, and Real Estate | Assumed Business Name and \$25.00 fee to: |
| 4. The name and address to which future | Secretary of State |
| correspondence should be addressed: | 450 North 4th Street |
| Wade H. Coherour | PO Box 83720 Boise ID 83720-0080 |
| Twin Falls ID 83301 | 208 334-2301 |
| 5. Name and address for this acknowledgmer copy is (if other than # 4 above): | nt |
| | |
| nature: Wash tohenou | Secretary of State use only |
| nted Name: Wade H. Cohenour | IDAHO SECRETARY OF STATE |
| pacity/Title: Owner | 07/30/2014 05:00 |
| • | CK: 693 CT: 299524 BH: 14352 |
| nature: | 16 25.00 = 25.00 ASSUM WAME |

abn.pmd Rev. 07/2010

D112860

Capacity/Title:_