

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED/EFFECTIVE

1)55455

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

(see instruction #8 on back of form)

02 JUN -3 PH 2: 16

STATE OF IDAHO

| The assumed business name which the undersigned use(s) in the transaction of business is: | |
|---|--|
| Regional Investi | ors Group |
| 2. The true name(s) and <u>business</u> address(es business under the assumed business name Name Lopetta Pompeii Flick Judith Ann Armstrons | of the entity or individual(s) doing e: <u>Complete Address</u> 1415 Hervey St., Boise To 8370 18215 Southlake Cir., Caldwell, 8 |
| 3. The general type of business transacted un Retail Trade Transportation Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate | nder the assumed business name is: n and Public Utilities Submit Certificate of Assumed Business Name and \$20.00 fee to: |
| 4. The name and address to which future correspondence should be addressed: | Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301 |
| 5. Name and address for this acknowledgme copy is (if other than # 4 above): | ent Phone number (optional): |
| | Secretary of State use only |
| Signature Fulla Pompair flick Printed Name: Loretta Pompair Flick Capacity/Title: co/ owner | IDAHO SECRETARY OF STATE IDAHO SECRETARY OF STATE IDAHO SECRETARY OF S |