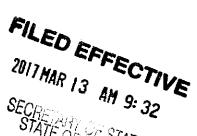


Signature:

## **CERTIFICATE OF ASSUMED BUSINESS NAME**

Title 30, Chapter 21, Part 8, Idaho Code.



D192825

|               | TE DO                      | Filing fee: \$2                                    | 25.00.             |  |                                       |                              | STATEOFIL        | STATE                            |              |
|---------------|----------------------------|--|--------------------|--|---------------------------------------|------------------------------|------------------|----------------------------------|--------------|
| 1.            |                            | med business Ways                                  |                    |  |                                       | use(s) in the                | transaction      | of business                      | s is:        |
| 2.            | the assun                  | dual and/or er<br>ned business<br><i>Stevensor</i> | name (do <u>no</u> | ot include the na  | іте уоц                               | ı listed in #1):             |                  |                                  |              |
|               | (Name)                     |  | (Àddre:            | 99)  |                                       |                              | <u> </u>         |                                  |              |
|               | (Name)                     |  | (Āddres            | ss)  |                                       |                              | <u> </u>         |                                  | <del></del>  |
|               | (Name)                     |  | (Addres            | ss)  | · · · · · · · · · · · · · · · · · · · |                              |                  |                                  |              |
| 3.            | Retail                     | ral type of bus<br>Trade<br>esale Trade<br>ces     |                    | acted under t<br>Construction<br>Agriculture<br>Manufacturin |                                       | ☐ Trans                      | portation a      | s:<br>nd Public U<br>ce, and Rea |              |
| 4.            |                            | Idress for futu                                    | ,                  |  | 5.                                    | Name and a copy is (if other |                  | his acknow                       | ledgment     |
|               | <u>Sca11</u><br>(Name)     | <u>Steven</u><br>w mull,                           | San                | <del></del>  |                                       | (Name)                       |                  | <u></u>                          |              |
|               | 202<br>(Address)<br>(Cily) |  | un ave  TO (State) | \$383.7<br>(Zipcode)   |                                       | (Address)                    |                  | (State)                          | (Zípcode)    |
| Pri           | inted Name                 | :Scott   | Steve              | nson   |                                       |                              | Secretary of Sta | itė use only                     |              |
| Się           | gnature:                   | Serv The   | m)                 |  |                                       |                              | IDAKO SECRI      | ETARY OF ST                      | <b>ነ</b> ጴሞድ |
| Printed Name: |                            |  |                    |  |                                       |                              | 03/13/2          | 017 05:                          |              |
| Signature:    |                            |  |                    |  |                                       |                              |                  | DD ASSUM                         |              |
| Pri           | inted Name                 | ):   |                    |  |                                       |                              |                  |                                  |              |

Rev. 08/2015