

Printed Name: Nicholas

Capacity/Title: Managing

(see instruction # 8 on back of form)

CERTIFICATE OF

FILED EFFECTIVE

ASSUMED BUSINESS NAME
Pursuant to Section 53-504, Idaho Code, the undersigned Business Name.

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Submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE Please type or print legibly. NOTE: See instructions on reverse before filing. STATE OF IDAHO

The true name(s) and business address((es) of the entity or individual(s) doing
business under the assumed business n	ame:
Name	Complete Address
Cory Newton	294 Pallard Dr. Restury 7082
John Miller	888 Anne St. #1 , Pextury, ID 83440
Nick Miller	912 Anne St. #1 Dersong 20 83440
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Assumed Business
The name and address to which future	Secretary of State 700 West Jefferson
correspondence should be addressed:	Basement West PO Box 83720 Boise ID 83720-0080
correspondence should be addressed:	Basement West PO Box 83720
correspondence should be addressed:	Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301