

Capacity/Title:\_\_\_

Printed Name: \_\_\_\_\_

## **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

2015 JUN 10 AM 11: 46

SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the under business is:	rsigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(es) of business under the assumed business name:  Name  E-CyCity Vara N Braw, the W 152758	
3. The general type of business transacted under Retail Trade Transportation at Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	er the assumed business name is:  nd Public Utilities  Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed:  Sames Whiting  3701 Overland Fd #2  Boise #1 83704	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
Signature De White Tames White The	IDAMO SECRETARY OF STATE <b>06/10/2015 05:00</b>
Capacity/Title: Owner	CK:2919408 CT:172099 BH:147926' 16 25.00 = 25.00 ASSUM NAME #3
Signature:	

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