

Signature:____

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

2017 DEC -8 AM 9: 04

Title 30, Chapter 21, Part 8, Idaho Code. Filing fee: \$25.00.

SECRETARY OF STATE
STATE OF IDAHO

1.	The assumed business name which the undersigned use(s) in the transaction of business is: Extreme ICE Management The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):						
2.							
	Brooke Marie Claridge			/e, Heyburn, ID 83336			
	(Name)		(Address)				
	(Name)	(Addre	(Address)				
	(Name)	(Addre	(Address)				
	(Name)	(Addre	ss)	······			
	The general type of business transacted under the Retail Trade Construction Wholesale Trade Agriculture Services Manufacturing Mailing address for future correspondence: Brooke Marie Claridge			assumed business name is: Transportation and Public Utilities Mining X Finance, Insurance, and Real Estate 5. Name and address for this acknowledgment copy is (if other than # 4): Deagle, Ames & Co			
	(Name) 613 Greenbrier Drive			(Name)			
	(Address)			161 5th Ave S, Ste 200 (Address)			
		ID State)	83336 (Zipcode)	Twin Falls	ID (State)	83301	
	(coly)	olato)	<i>્લાવુગના</i> ખાલ	(Oily)	(316:0)	(Zipcode)	
Printed Name: Brooke Marie Claridge				Secretary of State use only			
Sig	ınature: / 						
Printed Name: BY NOVACIAN day				10AHO SECRETARY OF STATE 12/08/2017 05:00			
Signature:				CK:2173 CT:349416 BH:1615293 10 25.00 = 25.00 ASSUM NAME #2			
Pri	nted Name:		NICARUS				
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Rev. 08/2015