

## 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

DH1826

10 AUG 31 PM 2: 40

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

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business is:	siness address(es) of the	ed use(s) in the transaction of  LLC  entity or individual(s) doing
<u>Name</u>		Complete Address  OD W Executive Dr.  TD 83703
3. The general type of busing Retail Trade  Wholesale Trade  Services  Manufacturing  Finance Insurance	Transportation and Pu Construction Agriculture Mining	Submit Certificate of Assumed Business
Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  1/400 Wexecutive Or Suite B  Rose TO 837/3  Totarmountary Recovery		Name and \$25.00 fee to:  Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this copy is (if other than # 4 above):	,	
Cinneture:		Secretary of State use only
Printed Name:  Capacity/Title:  Signature:  Printed Name:  Nathon W	night	IDAHO SECRETARY OF STATE ②8/31/2010 ②5:00 CK: 504780 CT: 172099 BH: 1237095 1 0 25.00 = 25.00 ASSUM NAME # 3

abn.pmd Rev. 07/2010

Capacity/Title: 0WnCY