

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 2013 OCT 21 AM 9: 22

SECRETARY OF STATE STATE OF IDAHO

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

Breakthrough Services 2. The true name(s) and <u>business</u> address(e	is) of the e	ntity or individual(s) doing	
business under the assumed business na	•	nuty of individual(s) duling	
<u>Name</u>	Complete Address		
Tyler Allen Smith	1034 S. 2nd St., St. Maries, ID 83861		
Katy J. Smith	1034 S. 21	nd St., St. Maries, ID 83861	
3. The general type of business transacted under the Construction Construction	n and Pub		
Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	e	Submit Certificate of Assumed Business Name and \$25.00 fee to:	
4. The name and address to which future correspondence should be addressed: Tyler Smith		Secretary of State 450 North 4th Street PO Box 83720	
1034 S. 2nd St.		Boise ID 83720-0080 208 334-2301	
St. Maries, ID 83861			
5. Name and address for this acknowledgme copy is (if other than # 4 above): Katy Smith 1034 S. 2nd St. St. Maries, ID 83861	ent	Secretary of State use only	
gnature:			
inted Name: Tyler Smith			
apacity/Title: President/Operator			
gnature: K sty Smith		TRAIR OF OR PERSON OF STATE	
•		IDAHO SECRETARY OF STATE 19/22/2013 95:06	
inted Name: Katy Smith		EK: 1019 CT: 288813 BH: 139483 1 0 25.00 = 25.00 ASSUM MANE	

abn.pmd Rev. 07/2010

Capacity/Title: Vice-President/Co-Owner