

CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

2014 AUG -4 PM 1: 08 SECRETARY OF STATE STATE OF IDAHO

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

| business under the assumed business na | es) of the entity or individual(s) doing me: |
|---|---|
| <u>Name</u> | Complete Address |
| Kevin Eisele | 1021 Main Street Boise, ID 83702 |
| · | |
| . The general type of business transacted u | under the assumed business name is: |
| | on and Public Utilities |
| ☑ Wholesale Trade ☐ Construction☐ Services ☐ Agriculture | 1 |
| Manufacturing Mining Mining | Submit Certificate of |
| | Assumed Business |
| Finance, Insurance, and Real Estat | Name and \$25.00 fee to: |
| . The name and address to which future | Secretary of State |
| correspondence should be addressed: | 450 North 4th Street |
| Kevin Eisele | PO Box 83720 |
| 1135 Arthur Ln | Boise ID 83720-0080 208 334-2301 |
| Boise, ID 83703 | |
| . Name and address for this acknowledgme | ent |
| COPY IS (if other than # 4 above). | |
| COPY IS (if other than # 4 above). | |
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| | Constant of State to only |
| | Secretary of State use only |
| lature: // 1000 (1204 | IDAHO SECRETARY OF STA |
| ted Name: Kevin Eisele | 08/04/2014 05:0 |

CK:2112070 CT:172099 BH:1435877 1@ 25.00 = 25.00 ASSUM NAME #2

1272 95-9

Capacity/Title: Owner

Printed Name: Capacity/Title:__

Signature: _____