

Capacity: PRESIDENT

(see instruction #8 on back of form)

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.

JUL 9 2 15 PN '01

Please type or print legibly. NOTE: See instructions on reverse before filing.

SECRETARY B ATARA

ACCOUNT SOLUTIONS	
2. The true name(s) and <u>business</u> address(e business under the assumed business name Name GREG ASHTON ANGELA ASHTON	me: <u>Complete Address</u>
	ion and Public Utilities
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed:	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledged copy is (if other than # 4 above):	nent Phone number (optional): 208 229-50/3
79 17,000	Secretary of State use only
Printed Name: GREG ASHTON	- \$50 OUT OF STATE OF

20.00 ASSUN NAME # 2

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