227



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

Signature:

Printed Name:

Signature:

2016 AUG 26 AM 8: 44

SECRETARY OF STATE STATE OF IDAHO

	,	molade the na	me you listed in #1):		
David Hampton	3403	3403 Garin Ct. Post Falls ID 83854			
(Name)	(Address)			
(Name)	(Address)	***************************************		
(Name)	(Address)			
(Name)	(Address)		with	
C		Annu de etcuir		ing	
Services Mailing address		Manufacturin		nce, Insurance, and R	
Mailing address	for future correspon			nce, Insurance, and R	
Mailing address David Hampton	for future correspon		5. Name and copy is (if off	nce, Insurance, and R	
Mailing address	for future correspon		5. Name and	nce, Insurance, and R	
Mailing address David Hampton (Name)	for future correspon		5. Name and copy is (if off	nce, Insurance, and R	

Rev. 08/2015

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