

Signature: <

Printed Name:

<u> ريمريندې Capacity/Title:</u>

(see instruction # 8 on back of form)

## CERTIFICATE OF ASSUMED BUSINESS NAME

FILED EFFECTIVE

10 APR 12 PM 2: 27

SECRETARY OF STATE STATE OF IDAHO

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

Please type or print legibly.

NOTE: See instructions on reverse before filing.

The assumed business name which the undersignation business is:  2    Hacues ting	gned use(s) in the transaction of
2. The true name(s) and business address(es) of the business under the assumed business name:  Name  Edgar L Yangs from Tr. Inc. 32  (C121971) 329	Complete Address
3. The general type of business transacted under to Retail Trade Transportation and Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:    Gelgar   Youngstrom 3r	
5. Name and address for this acknowledgment copy is (If other than # 4 above);	
29 d d d d d d d d d d d d d d d d d d d	Secretary of State use only

IDANO SECRETARY OF STATE **94/13/2010 95:00**CK: 18914 CT: 158810 BH: 1217386

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