

## 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.

SECRETARY OF STATE STATE OF IDAHO

D 15599/

12 MAY 31 PH 1:38

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

	THE	BLUE		
2.	The true name(s) and <u>business</u> address(es) of the entity or individual(s) doing business under the assumed business name:  Name  Complete Address		Complete Address	
	SPIRIT TOWELS USA, LLC	5400 WES	5400 WEST BEACON LIGHT ROAD	
	<u> </u>	EAGLE, II	D 83616	
3.	The general type of business transacted u  Retail Trade Transportation Wholesale Trade Construction Services Agriculture	n and Pub	olic Utilities	
	<ul><li>☐ Manufacturing</li><li>☐ Mining</li><li>☐ Finance, Insurance, and Real Estate</li></ul>	•	Submit Certificate of Assumed Business Name and <b>\$25.00</b> fee to:	
4.	The name and address to which future correspondence should be addressed: 5400 WEST BEACON LIGHT ROAD		Secretary of State 450 North 4th Street PO Box 83720	
	EAGLE, IDAHO 83616		Boise ID 83720-0080 208 334-2301	
5.	Name and address for this acknowledgme copy is (if other than # 4 above):	nt		
gna	ture: Robert KBarks		Secretary of State use only	
	d Name: ROBERT K. BANKS			
	city/Title: MANAGING MEMBER		TRAMA	
	ture:		IDAHO SECRETARY OF STATE 05/31/2012 05:00	
•	d Name:		CK: 1439 CT: 247699 BH: 132637 1 @ 25.00 = 25.00 ASSUM NAME	
, , , , ,	city/Title:		N 155001	

abn.pmd Rev. 07/2010