

## **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.

2013 OCT 22 AM 10: 52 SECRETARY OF STATE STATE OF IDAHO

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

1. The assumed business name which the underside business is:  PALI SPA	gned use(s) in the transaction of
The true name(s) and <u>business</u> address(es) of the business under the assumed business name: <u>Name</u> /	he entity or individual(s) doing <u>Complete Address</u>
MICHA GA/JARdo 5 Bo	ISE, ED. 83706
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:  ### BA/I SpA  ###################################	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State use only
Signature:	Secretary of State use only
Printed Name: MICHR GALLAR do	
Capacity/Title: OWNER Signature: M. CHa. Galla RDO	IDAHO SECRETARY OF STATE  10/22/2013 05:00  CK: CASH CT: 288835 BH: 1394931  1 9 25.00 = 25.00 ASSUM NAME # 2
Printed Name:	D 166515
Capacity/Title:	7 100010

abn.pmd Rev. 07/2010