CERTIFICATE OF ASSUMED BUSINESS NAME

SECRETARY OF STATE STATE OF IDAHO

2012 HH 19 PM 1: 32

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

Please type or print legibly. Instructions are included on back of application. 1. The assumed business name which the undersigned use(s) in the transaction of business is: Correct Correct Correct	VOTE OF	submits for filling a certificate of Assumed Business Na	me.	
1. The assumed business name which the undersigned use(s) in the transaction of business is: Content				
2. The true name(s) and business address(es) of the entity or Individual(s) doing business under the assumed business name: Name Complete Address Complete Addr	instructions are included on back of application.			
3. The general type of business transacted under the assumed business name is: Retail Trade	huelmana las			
3. The general type of business transacted under the assumed business name is: Retail Trade Transportation and Public Utilities Wholesale Trade Construction Services Agriculture Manufacturing Mining Submit Certificate of Assumed Business Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: 450 North 4th Street Construction Submit Certificate of Assumed Business Name and 328.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Bolse ID 83720-0080 208 334-2301 Secretary of State use only Signature: Maxim G Maxey Capacity/Title: Old ner Signature: IDMN SECRETARY OF STATE Capacity/Title: Old ner Signature: Si	business under the assumed business name:			
Retail Trade		\sim \sim \sim	Complete Address 19 Marcy Rol Diverd Aline ID 838000	
Wholesale Trade Construction Services Agriculture Manufacturing Mining Submit Certificate of Assumed Business Finance, insurance, and Real Estate Secretary of State	3. The general type of business transacted under the assumed business name is:			
Assumed Business Name and \$25.00 fee to: 4. The name and address to which future correspondence should be addressed: KONFOI RIVEY 299 Marcu RO Bonners Ferry TO 5. Name and address for this acknowledgment copy is (if other than #4 above): Secretary of State 450 North 4th Street PO Box 83720 Bolse ID 83720-0080 208 334-2301 Secretary of State 450 North 4th Street PO Box 83720 Bolse ID 83720-0080 208 334-2301 Secretary of State use anily Signature: Maxien GMarcy Capacity/Title: Dinner Signature: Printed Name: 10040 SECRETARY OF STATE 67/19/2012 05 = 00 CX: 1868357 CT: 172899 RH: 1332671		Wholesale Trade Construction		
correspondence should be addressed: KOOLO KIVEY 299 Marcu Ro Bonners Ferry To 83805 5. Name and address for this aoknowledgment copy is (frother than #4 above): Signature: Printed Name: Signature: Printed Name: Capacity/Title: OI) ner IDNNO SECRETARY OF STATE 67/19/2012 65:60 CX: 1868357 CT: 172899 RH: 1332671			Assumed Business	
5. Name and address for this acknowledgment copy is (if other than #4 above): Signature: Maxim Mascy Printed Name: Maxim GMascy Capacity/Title: OU)ner Signature: IDAHO SECRETARY OF STATE 97/19/2012 05:00 CK: 1868357 CT: 172899 RH: 1332671	4.	correspondence should be addressed: Kontenii River 299 Marcy Ro	450 North 4th Street PO Box 83720 Bolse ID 83720-0080	
Signature: Maxion GMarcy Printed Name: Maxion GMarcy Capacity/Title: OUD ner Signature: IDANO SECRETARY OF STATE 97/19/2012 05:00 CK: 1868357 CT: 172899 BH: 1332671	5. Name and address for this acknowledgment			
Signature: Maxion GMarcy Printed Name: Maxion GMarcy Capacity/Title: OUD ner Signature: IDANO SECRETARY OF STATE 97/19/2012 05:00 CK: 1868357 CT: 172899 BH: 1332671				
Printed Name:			Secretary of State use only	
Printed Name:	Signature: Marine Marcus			
Signature: IDANG SECRETARY OF STATE Printed Name: CX: 1868357 CT: 172899 RH: 1332671				
Printed Name: 07/19/2012 05 = 00 CK: 1068357 CT: 172899 BH: 1332671	Capacity/Title: Ouner			
Printed Name: 07/19/2012 05:00 CK: 1868357 CT: 172899 BH: 1332671	Signature: Though SERRETARY OF STATE			
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