

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.

2014 JAN 21 AM 11: 29

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

SECRETARY OF STATE STATE OF IDAHO

2. The true name(s) and <u>business</u> address(es business under the assumed business nar Name ANGELICA MARTINEZ STAKEY	s) of the entity or individual(s) doing me: <u>Complete Address</u> 2725 N FIVE MILE RD. #105 BOISE, ID 83713
Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate 4. The name and address to which future correspondence should be addressed: ANGELICA MARTINEZ STAKEY 2725 N FIVE MILE RA \$\frac{1}{2}\$ 105 BOISE, ID 83713 5. Name and address for this acknowledgment	Submit Certificate of Assumed Business Name and \$25.00 fee to: Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
Copy is (if other than # 4 above): Signature: Printed Name: ANGELICA MARTINEZ STAKEY Capacity/Title: OWNER Cignature: Printed Name: Capacity/Title:	IDAHO SECRETARY OF STATE 91/21/2014 95:00 CK: 1676688 CT: 172099 BH: 1406761 1 0 25.08 = 25.00 ASSUM NAME 1 2

abn.pmd Rev. 07/2010